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IN MEMORIAM

Otto Fenichel

December 2, 1897–January 22, 1946

In the sudden and untimely death of Otto Fenichel on January 22, 1946, in Los Angeles, psychoanalysis loses one of its foremost leaders and teachers. It is a shocking loss to his family and to all of us who are his friends, and an irreparable loss to the science of psychoanalysis.

Otto Fenichel was born in Vienna on December 2, 1897. From his early years as a student he was deeply interested in the biological and psychological aspects of sexology. He was a member of a small group of young men—among whom were several future analysts—who studied and discussed these problems. At the age of seventeen he was planning to become a psychoanalyst. While studying medicine in Vienna he started his training with the Psychoanalytic Society there. In 1922 he continued his studies at the Berlin Psychoanalytic Institute. Soon after his arrival in Berlin his exceptional interest in and knowledge of psychoanalysis and allied fields made him one of the most promising students that the Berlin Institute ever had. He richly fulfilled this early promise. He was respected and admired by his teachers, his colleagues, and by the patients and students in training whom he analyzed. His ability to clarify complex subject matter and to communicate his knowledge soon led him to organize a 'Children's Seminar'. This was a study group for younger analysts, who discussed among themselves clinical and theoretical problems of psychoanalysis—free of the inhibitions they would have felt in discussing them in meetings with older members. In 1923 he became an Assistant at the Berlin Clinic, and several years later a training analyst.

In 1933 Dr. Fenichel was invited by Norwegian analysts to take charge of the teaching of analysis in Oslo, and he remained in Norway until 1935. From there he went to Czechoslovakia, where again he assumed the task of teaching, organizing and

directing the psychoanalytic group in Prague. He left Europe in 1937 for the United States, and settled in Los Angeles where he lived until his death.

Fenichel was a prolific writer. Even as a student he published a remarkable methodological study of the unconscious, and soon afterwards a series of papers showing that his interest turned more and more towards clinical studies, without, however, ever losing sight of general and theoretical considerations. His published works culminated in his magnificent book, *The Psychoanalytic Theory of the Neuroses*, published shortly before his death. This volume is the result of years of patient work, is an outstanding scientific achievement, and will remain a classic of psychoanalytic literature. It reveals again that most valuable feature of his writing which is his desire and ability to synthesize and consolidate psychoanalytic knowledge. Throughout his writings there is conspicuous evidence of his predominant concern with clarity and precision of thought. That is why his writings are so widely read, consulted and studied by all students of psychoanalysis. His constructive interest in teaching is revealed in recent communications, not published and therefore not known to many, which are invaluable to all teachers of psychoanalysis: *Problems of Training Analysis*, *Reading List for Psychoanalytic Training*, *Topics for Discussion About Freud's Three Contributions to the Theory of Sex*.

Those who knew Fenichel as a youth recall his enjoyment of week-end hikes over little known territory, and his delight in taking others with him to acquaint them with trails newly discovered by him. This trait he carried over into his scientific work.

Otto Fenichel's exceptional intelligence, his extraordinary memory, and his unusual capacity for work were placed entirely in the service of psychoanalysis, to which he devoted his entire life. In his personal life he was a man of great simplicity who preserved a freshness of outlook, a youthful idealism, and a great humanity. All who had the privilege of knowing him—friends, colleagues, students—not only respect and admire him, but feel a deep attachment to him which will endure.

RUDOLPH M. LOEWENSTEIN

IN MEMORIAM

Ruth Mack Brunswick

February 17, 1897–January 24, 1946

We are stunned by the sudden, tragic death of Ruth Mack Brunswick, so bewildered that we can hardly believe that she is no longer among us. We can not yet fully realize what that loss means to some of us as friends, to all of us as psychoanalysts. As a friend, she was unsurpassed, true and faithful, always ready for personal sacrifices. As a psychoanalyst, she was devoted to her patients and faithful to her teacher, averse to any compromise, and had much to offer.

In former years her poor physical health prevented her from full participation in the activities of the Society. But in the last year she showed so much vitality, she was in such good spirits, that there was ample reason to expect her more active collaboration. She had many plans and ideas for further scientific work, and now it is difficult to believe that one can no longer discuss all these problems with her.

One may say that her whole personality predestined her to become a psychoanalyst. Her warmth, her humaneness, coupled with a lucid mind and vision made her particularly fit for the delicate work of psychoanalysis. Reading her papers, from the first one to the last, one cannot help but admire her perspicacity, her sound judgment and deep understanding of human nature, combined with warmth and sympathy for the patient whom she knew how to guide with rare skill. She was able to grasp and comprehend the *whole* personality, and when she talked about a case one envisaged the patient as a living being. If you only remember her paper about delusions of jealousy, it seems almost unbelievable that one could accomplish therapeutically so much in such a short time and have gained such deep psychological insight as well.

Read at the meeting of the New York Psychoanalytic Society on January 29, 1946.

Freud held her in high esteem, indeed. He even entrusted her with the continuation of the analysis of the 'Wolf-man'. And how brilliantly did she carry out this task. She had the privilege, enjoyed only by a very few, to be for many years in close contact with Professor Freud. And his immediate influence bore fruits. She made very important contributions to psychoanalysis. I may say, she became one of the best interpreters of Freud's ideas. He himself said in his New Introductory Lectures that 'Dr. Ruth Mack Brunswick was the first to describe a case of neurosis which went back to fixation in the preœdipal stage, and in which the œdipus situation was not reached at all. It took the form of paranoia with delusions of jealousy, and proved accessible to treatment.' Not only the disciple learned from her master, but, a rare phenomenon, the master did not hesitate to recognize the contributions of his pupil to his own knowledge. At some point in his paper, Concerning the Sexuality of Woman, Freud mentions the opposition to enemas of female patients in the preœdipal stage and says, 'I gained insight into the reason for such particularly violent resistance from a remark of Ruth Mack Brunswick who, at the time, was interested in the same problems, to the effect that she could compare the outburst of temper following an enema to the orgasm which follows stimulation of the genital.' The collaboration with Freud culminated in her exceedingly important paper on The Preœdipal Phase of Libido Development. There she asserted that she could not exactly say which were Freud's ideas and which were her own.

Whenever I met her, she talked about Freud and quoted him. One gained the impression that her life was full of recollections about him, however, not in the neurotic way in which the shadow of the deceased one covers and obliterates the personality of the survivor. On the contrary, these memories seemed to be a source of joy for her, of courage, and a stimulus to further work. He was not dead to her. She is not dead to us.

HERMAN NUNBERG

The following bibliography of Ruth Mack Brunswick's work was collected by one of the editors. Translations are bracketed with the originals.

{ *A Dream From an Eleventh Century Japanese Novel.* Int. J. Psa., VIII, 1927.
 { *Ein Traum aus einem japanischen Roman des elften Jahrhunderts.* Imago, XIV, 1928.

{ *Die Analyse eines Eifersuchtswahnes.* Int. Ztschr. f. Psa., XIV, 1928. In book form, Int. Psa. Verlag, Vienna, 1929.
 { *The Analysis of a Case of Paranoia.* J. Nerv. and Mental Disease, LXX, 1929.
 { *Andlisis de un Caso de Paranoia.* Revista argentina de Psicoanálisis, I, 1944.

{ *A Supplement to Freud's History of an Infantile Neurosis.* Int. J. Psa., IX, 1928.
 { *Ein Nachtrag zu Freud's 'Geschichte einer infantilen Neurose'.* Int. Ztschr. f. Psa., XV, 1929. In book form, Int. Psa. Verlag, Vienna, 1929.

{ *A Note on the Childish Theory of Coitus a tergo.* Int. J. Psa., X, 1929.
 { *Eine Beobachtung über die kindliche Theorie des Koitus a tergo.* Int. Ztschr. f. Psa., XV, 1929.

Entgegnung auf Hárnik's kritische Bemerkungen. [Nachtrag] Int. Ztschr. f. Psa., XVI, 1930.

Schlusswort. Int. Ztschr. f. Psa., XVII, 1931.

{ *The Precædipal Phase of Libido Development.* This QUARTERLY, IX, 1940.
 { *La fase preedípica del desarrollo de la libido.* Revista argentina de Psicoanálisis, I, 1944.

The Accepted Lie. This QUARTERLY, XII, 1943.

ON ACTING

BY OTTO FENICHEL

I

Adversaries of psychoanalysis sometimes state that psychoanalysis, in investigating a psychological field, cannot do anything but name the instincts which are supposed to be at the basis of the field in question. That is certainly not true. No analyst was ever of the opinion that the significance of a given phenomenon, for example as 'oral' or 'anal', suffices to explain the phenomenon; and psychoanalysis does not study instincts only, but the dynamic interrelations between instincts and the outer world, or between instincts and counterforces from the outer world.

Nevertheless the question, what instincts (erogenous zones, or partial instincts) form the basis of a given phenomenon, actually is a good starting point for a psychoanalytic investigation. Sometimes the 'counterforces' and the ways in which they work can be better directly approached with the help of an understanding of the nature of the instincts against which they are directed.

Concerning *acting*, there is no doubt about the nature of the underlying basic partial instinct: it is *exhibitionism*. Therefore, let us start with a few remarks about exhibitionism.

Exhibitionism is a sexual partial instinct. It is normally present in all children, and it forms a characteristic part of sexual forepleasure. Its aim is to present the body, or especially the excited erogenous zones and their functions, to onlookers.¹ With the establishment of infantile genital primacy, the wish to show the genitals is certainly in the foreground in the exhibitionism of children of both sexes. Later the differences in the development of the castration complex in the two

¹ Freud: *Three Contributions to the Theory of Sex*. New York: Nerv. and Ment. Dis. Monographs, 1910.

sexes determines a corresponding difference in the development of exhibitionism. Male exhibitionism remains concentrated on the genitals; therefore it is apt to give reassurance against castration fear. In this way, the partial instinct of exhibitionism is used in the *perversion* 'exhibitionism', in which unconsciously the spectator is either expected to confirm the presence of a penis, or to show his own penis, for the purpose of contradicting the existence of persons without a penis.

In the female, the idea of being castrated inhibits genital exhibitionism. Women who have a perverse wish to show their genitals are rare, and their analysis reveals unusual circumstances which make them believe that they still possess a penis. Instead, the exhibitionism of women is *displaced* from the genitals to other parts of the body and to the body in general. This nongenital exhibitionism of women is not apt to form a definite perversion; it is rather socially tolerated and encouraged.² This displacement of female exhibitionism is the source of all conceptions of 'female beauty'. It justifies the feeling that all 'sublimation' of exhibitionism is somehow feminine, whereas the exhibitionistic man remains with his exhibitionism in the direct and unsublimated sexual sphere. This basic characteristic of exhibitionism makes it understandable that the art of acting is generally looked upon as a feminine art, and—although one should be careful of making hasty generalizations—that the percentage of homosexuals seems to be higher among actors than in most other professions.

Also other characteristics which are generally ascribed to actors may be connected with the specific characteristics of exhibitionism. In discussing acting, a follower of Adler took special occasion to polemicize against the idea of connecting acting with sexual exhibitionism: actors are more or less *vain*; they need *applause* and *glory*; they need the approbation of an audience; the will for power is obvious. The theory of organ inferiority can often be confirmed. Demosthenes is not

² Cf. Harnik, J.: *The Various Developments Undergone by Narcissism in Men and Women*. Int. J. Ps., V, 1924, pp. 66–83.

the only stammerer who later became a public speaker. Is there any reason to connect all this with sexuality?

We know that all these needs, which we call narcissistic needs, are not exclusive of sex. It is true that, in an adult normal person, narcissistic and erotic needs are differentiated from each other to a certain degree, but that was not always so. The infant in its original primary narcissism feels omnipotent, and does not need any object. Later, as is well known, the child loses confidence in its own omnipotence, and instead believes that the adults around it are omnipotent. When that occurs, it has only one tendency: to participate again in the omnipotence which it has lost, and which is now represented in persons around it. It wants to be reunited with these persons, to eat them, to be eaten by them, to rob them of their power, to ingratiate itself with them; any means to influence the powerful persons to give the necessary gratifications is tried. To be reunited with them, or to obtain these gratifications, is narcissistic and sexual satisfaction simultaneously. Still later, the regulation of self-esteem becomes relatively independent from outer gratifications, and is controlled by the superego. But this independence is never a complete one, and certain persons remain fixated on the phase of development where sexual and narcissistic needs were identical, and where outer gratifications are needed.

The so-called 'neurotic need for affection' achieves its highest degree in certain perversions of submissiveness (*Hörigkeit*), in addicts, and in persons with manic-depressive predisposition. Persons of this type do not know any sexual longing except this need of 'being fed' or of 'being reunited'. Often this need is reinforced by regression after some decisive anxiety has been experienced, the regression to the receptive longing being a means of being protected against the supposed dangers by magic, supplied by the omnipotent adults. These 'oral' persons—like perverts—are fixated on this sexual component of their childhood which promises to give instinctual pleasure and, simultaneously, *security*. Security is denial of the danger that had caused the anxiety which had blocked their further

development. People with a strong 'will for power' are always persons who are unconsciously afraid, and who need 'power' to counteract their anxiety.³

What does all this have to do with exhibitionism? Exhibitionism is a partial instinct which, by its very nature, is especially apt to give narcissistic reassurance and erogenous pleasure simultaneously. The 'characteristic rôle' which exhibitionism plays in normal sexual forepleasure, which we mentioned before, consists in the fact that it attracts and influences the onlooker; in the perversion it is a means of inducing the spectator to give the needed reassurance against castration anxiety. In exhibitionism, erogenous pleasure and the narcissistic satisfaction of having an audience are not condensed, they are *one and the same*. The sexual pleasure of the exhibitionist consists in using the spectator to satisfy his narcissistic needs. Persons who are fixated on this partial instinct are regularly persons who need this specific type of pleasure for the purpose of counteracting inner fears. In sublimated and desexualized exhibitionism, erogenous pleasure is absent; narcissistic pleasure remains. Actors, that is, persons who supply their dependent needs by a sublimated and desexualized exhibitionism, are persons with specific anxieties; or rather, with specific ways of handling their anxieties by influencing an audience.

The use of exhibitionism for magic is millenniums old. Freud devoted a paper, published after his death, to the apotropaic use of exhibitionism.⁴ The man shows his penis as his weapon, to frighten the demons; the woman shows her genitals, which means: 'remember the possibility of castration, and be afraid'—which also frightens the demons. (The figure of the frightening phallic woman is a secondary one; the phallus attributed to her, originally serving the purpose of

³ For a more detailed discussion of these points and for the literature, cf. Fenichel, Otto: *Frühe Entwicklungsstadien des Ichs*. Imago, XXIII, 1937, pp. 243-269.

⁴ Freud: *Medusa's Head*. Int. J. Ps., XXII, 1941, pp. 69-70.

denying the fact that it is absent; but this attempt fails, and the woman remains frightening nevertheless.)

The magic threat of a display or a 'show' also determines the origin of the theater. When priests, in sacred acts, imitated the gods, they certainly did so for the purpose of influencing the believers, and probably the idea of frightening them was not the least among the aims of that influence. We do not know much about the psychology of ancient priests, but we assume that the aim of magically influencing an audience, or especially of magically threatening an audience, plays a part in the unconscious of actors.

SUMMARY OF THE UNCONSCIOUS AIMS OF 'ACTING'

1. It affords a certain erogenous satisfaction of an exhibitionistic nature. (This satisfaction has to remain at a minimum. If it is more intense, it will disturb the actor's performance.)

2. Direct narcissistic satisfaction from applause, an outwardly provided increase of self-esteem. The success on the stage is needed in the same way as milk and affection are needed by the infant.

3. Narcissistic satisfaction from a sense of magical influence on the audience. This influence may be directed towards compelling the audience to applaud, towards threatening the audience, or at least showing the actor's own superiority and power, which—as can generally be said wherever the 'will to power' is strong—is needed for soothing anxiety, probably in an apotropaic way. From our general knowledge about exhibitionism, we may assume that this anxiety is mostly castration fear.

II

How are these aims of acting approached? By *playing parts*. What is 'playing'? What is a 'part'?

All languages state that the actor 'plays'. There must be a deep connection between actors acting on the stage and children playing games. The playing of 'parts' certainly also

assumes a dominant rôle in children's games.⁵ Thanks to Freud,⁶ we know what the psychology of children's play is. Playing is a process of learning while developing the ability to master the outer world. The primitive game is repetitive. It serves the purpose of achieving a belated mastery of highly cathected impressions. What was endured passively is done over again in play in an active manner, until the child has become familiar with the qualities and quantities involved. The more highly developed game is anticipatory. It creates tensions which *might* occur, but, at a time and in a degree which is determined by the participant himself, and which therefore is under control. Such playing is an anti surprise measure. Both these types of 'playing' are also represented in acting on the stage. More frequently the actor acts by assuming emotions which he does not have but which he might have; or he displaces tensions, which he once experienced in his past, onto imaginary persons and abreacts 'unmastered' tensions in identification with them. 'Abreaction' is a term which originated in the world of the theater (Aristotle). Thus acting provides for the actor either a belated getting-rid of anxieties, or a defensive anticipation of possible future anxieties.

An actress-patient who was very much afraid of all her emotions, frigid also in her sexual life, always tense and on guard, changed immediately on the stage. Identified with her part, she could permit herself to give in to emotions.

In his 'part' the actor shows himself, but not as he really is. Indeed in pretending to be somebody else, he does not show himself; he conceals himself. The importance of this point is demonstrated by the actress-patient described. Her exhibitionism, usually inhibited, was permitted to express itself under the conditions that she actually did not show herself, but some other character created by an author.

⁵ Cf. Klein, Melanie: *Personification in the Play of Children*. Int. J. Ps., X, 1929.

⁶ Freud: *Beyond the Pleasure Principle*. New York: Boni & Liveright, 1922. Cf. Also the summary by Waelder, Robert: *The Psychoanalytic Theory of Play*. This QUARTERLY, II, 1933.

But that cannot be entirely true. A good actor actually reveals himself. He cannot play an emotion he has not experienced. The good actor *believes* that he plays his parts, actually he plays himself.

Something very similar may be observed in certain neurotic characters. People of this type sometimes give an unguine, affected impression. Analysis of what they are pretending reveals that they actively play at what they are afraid of experiencing passively and in an overwhelming manner. There are many variations of such pretending, the extreme represented by those habitual liars whose lies in the analysis turn out to be confessions of what they have actually experienced.⁷

Certainly the actor does not play himself as he actually is, but rather as he might have developed under different circumstances. Wittels has described 'phantoms', fantasied personalities, which in everybody's mind play a certain rôle as ideals or possibilities for their own development, and which influence their actual behavior.⁸ Although objection may be made to describing these 'phantoms' as if they were independent intrapsychic personalities, it cannot be denied that everybody has fantasies and daydreams about how he would like to be, about rôles which he would or would not like to assume under certain circumstances. If an actor's 'phantom' fits his part, we say: 'The part suits him'. The good actor is characterized by the high multiplicity of his 'phantoms'.

To my knowledge, there are two schools of acting. One school believes only in 'intuition', with the actor so in sympathy with his part that he feels the suitable emotions, and also in this way the correct expression of his emotions. The Stanis-

⁷ Cf. Deutsch, Helene: *Über die pathologische Lüge (Pseudologia phantastica)*. Int. Ztschr. f. Psa., VIII, 1922, pp. 153-167, and Fenichel, Otto: *Zur Ökonomik der Pseudologia phantastica*. Int. Ztschr. f. Psa., XXIV, 1939, pp. 21-32.

⁸ The 'phantoms' are developed under the influence of real experiences and represent earlier identifications, not necessarily identifications with real objects but also with objects as the child saw them, or as the child would have liked them to be. Cf. Wittels, Fritz: *Unconscious Phantoms in Neurotics*. This QUARTERLY, VIII, 1939, pp. 141-163.

lavski school, on the contrary, stresses extremely detailed study of the actor's expressions. Nothing can be improvised, and the effect is achieved by an exact knowledge of how any detail of intonation or movement influences the audience. According to our clinical studies, the truth lies in between these two extremes. The first school is right in so far as the actor's emotions have to be really felt by him in order to be impressive. The second school has in its favor the view not only that 'having emotions' is not identical with being able to express them in an impressive way, but that acting technique has to be learned like any other technique. There may be a drop of truth in the old James-Lange theory that mimicry of an affective expression may secondarily produce the affect itself.

Playing, like thinking, is a test-action: repeating the overwhelming past, and anticipating the possible future. The emotions of the actor are test-emotions. It has often been stressed that the pleasure of the spectator in a tragedy is based on the fact that he knows that the cruelty he witnesses is 'but a play'. This is much truer of the actor himself. He may welcome the opportunity to act as if he were cruel because he knows that in reality he is not cruel. What he does not know, and what he should not know if he is to be a good actor, is that in a sense it is real and genuine cruelty that he feels in this rôle. Playing a part is making test-identifications. The earliest test-identification was probably the priests' identification with God. This identification too (like the identification of the believer with the priest who imitates God) was possible because the imitator felt simultaneously the infinite distance between himself and what he imitated, in the same way that the playing child imitates the serious actions of adults.⁹

Does this mean that the best actor would be a character who has not developed an actual marked personality, but who is

⁹ The imitation of idealized persons often represents an attempt to 'try out' their ways of feeling, without losing the knowledge of the 'trial' character. The 'test' character of such limited 'identifications' in the service of some purpose of the ego, differentiates imitation from full identification, which takes place unconsciously and independently from the ego's wishes.

ready to play any part given him, who has no ego, but is rather a bundle of identification possibilities? Some great actors have been of this type, and did on the stage what Caligula did in life.¹⁰ But it is not all necessarily so. Certainly there are actors who have well integrated personalities. They are not well integrated only in those parts of their personalities involved in their work. They are Caligulas on the stage, but not in life.

We can now better understand some types of failure on the stage. If a part somehow comes too close to painful emotions in the actor's unconscious, if he tends to become aware that the pretended emotions of his rôle also have reality values to him, then he can no longer successfully act the part. He is faced with the immediate necessity of further repression of the emotions, and becomes incapable of acting.

If the magic influence of the audience, which the actor unconsciously strives for, threatens to become too real so that the whole performance loses its 'play' character, the actor will fail. Certainly the average actor does not use his playing directly to affect his audience as Hamlet uses the players. His only conscious aim is applause. His wish for reassurances against castration fear, or of 'charming' the audience, remains unconscious.

Acting on the stage is endangered by the same two dangers which threaten the 'double-edged character' of children's play. The pleasure in playing turns into displeasure if the intended 'mastery' fails and the playing gets out of control. The fear-some loss of control may involve the player himself (he might become for good the animal he pretended to be), or the audience (he might charm or destroy it in an irreparable way).

III

Let us consider the 'magic influence' upon the audience to which reference has been made and ask of what this influence actually consists.

¹⁰ Sachs, Hanns: *Caligula*. London: Elkin Mathews & Marrot, Ltd., 1931.

Sachs, following Freud, developed a well-known general theory about the unconscious processes within the artist.¹¹ By presenting his work, which unconsciously represents an expression of repressed instinctual wishes, derivations of the œdipus complex, the artist induces in his public a participation in the forbidden wishes through acceptance and praise of his work. To see that the public accepts the artistic expressions of his unconscious guilt-laden impulses is for him a belated approval of them and removes or decreases his feelings of guilt about them. After having withdrawn from reality into day-dreaming, the artist finds his way back from daydreaming to society by *inducing* an audience to participate in his guilt.

While this applies to all artists, it is especially true for the actor. It is the unconscious aim of all acting to make the audience feel the same emotions that the actor displays. The spectators go to the theater with the tacitly acknowledged intention of identifying themselves with the actors' portrayals. The theater remains the realm of the infantile 'ocular identification'.¹² The actor seeks to induce the audience's participation and approval of the commission of the deeds which he, under the guise of pretense, would like to commit. If he succeeds, he feels less guilty.

That the audience is compelled to give up its spontaneity to accept hypnotically what the actor suggests (possibly through the 'omnipotence of gestures'),¹³ gives the actor a satisfying feeling of superiority and of having the audience dependent on him. Actually, he is dependent upon the audience. He has become an actor because he feels guilty unless he can draw the reassuring applause his narcissism requires. The actor needs the audience for the same reason that the audience needs the actor: both get reassurances against guilt feelings which make possible otherwise forbidden discharges of instinctual

¹¹ Sachs, Hanns: *The Creative Unconscious*. Cambridge: Sci-Art Publishers, 1942.

¹² Cf. Fenichel, Otto: *The Scopophilic Instinct and Identification*. Int. J. Psa., XVIII, 1937, pp. 6-34.

¹³ Ferenczi, Sándor: Stages in the Development of the Sense of Reality. In *Contributions to Psychoanalysis*. Boston: Richard G. Badger, 1916.

tension by mutual participation. In a good theatrical performance (as in ancient worship) actor and audience feel, 'We do it together'. The audience, knowing it is 'only a play', loses its fear of the deed, and the actor (likewise the author), secure in the same knowledge, loses his feeling of guilt through the approval of the brothers (audience) which releases him, the hero, of his loneliness. The magic induction is in the last analysis a *seduction* to participation in a repetition of the œdipus.

In a variation of 'charming' the audience by his acting, the actor seduces the audience not only in order to win approval of his deed. His self-esteem, reestablished by approval, immediately increases by stressing the difference and distance between him and the audience: 'You are but my puppets; I am God and you are nothing'. By this feeling of power over the audience, he feels the unconscious temptation to reassure himself by destroying and castrating the audience, against any future possibility of reproach from it. Many actors are afraid not only of a lack of response from the audience, but also of too great an effect on it by evoking a response they can no longer control, and threatening the retaliation of the audience.

An actress-patient felt on the stage an impulse to make grimaces which was very disturbing to her work. It was relatively easy to understand that this meant: 'I am afraid that just those characteristics of mine which I am trying to hide by acting might come out against my will. I am afraid that I shall not act what I intend to act, but what is really in my unconscious.' But why were the 'guilt-laden impulses' or the 'lack of a penis' represented just by making faces? In the deepest layer of the unconscious they were chewing movements, and represented the impulse to devour the dismembered audience.

IV

The actor prepares by long preliminary work for the night when he will charm everybody. If he succeeds, a pleasure which has been forbidden to him hitherto will become acces-

sible again. The work of the actor may be compared with the mechanisms of sexual forepleasure and end-pleasure. Rehearsals are usually very strenuous and painful and arduous. They are nevertheless pleasurable by reason of a mounting anticipatory tension straining towards the end-pleasure of the opening night for release.

The movie actor is cheated of this end-pleasure, but acting for the films gives the actor an exceptional narcissistic satisfaction. The actor cannot feel with his audience, but he can actually be a spectator of his own performance. But other pleasures, and especially the specific end-pleasure are denied him. He feels frustrated. He is deprived of the unique experience of a *unio mystica* with the audience, and of the satisfaction of performing a complete part from the beginning to the end of the plot. The endless repetition of incoherent scenes is all rehearsal, and the only pleasure is anticipation of the satisfaction not of an actor, but at most of a spectator. The essential pleasure of the actor to bring 'disjuncted membra' together, and to present them as a whole, is partly shifted to the director.¹⁴ I was not surprised to find that those few motion picture actors I had the opportunity to analyze were longing to return to the stage. The films have many possibilities for the expression of modern needs and for providing the abreaction of the audience, which the stage never had. The actor is worse off. The knowledge that millions will see him is no reparation for the direct applause of hundreds.

V

If the actor succeeds, he has fewer guilt feelings, and if he has fewer feelings of guilt, he feels privileged to indulge more freely his instinctual pleasure and seeks greater sexual freedom. That society actually grants him such privileges, more or less, is connected with the peculiar position of the artist in bourgeois society. The artist is still regarded as nearer to God, and

¹⁴ It would be interesting to compare the psychology of the scenario writer, who is furnished the complete plot of a story and prepares the script from it, with the psychology of the playwright.

enjoys the privileges of the priest. As is well known, the privileges accorded the artist are very ambivalent in intent. The actor is privileged, but he remains somewhat beyond the pale of 'honest' society. He sins publicly and thereby exculpates the others (though he, subjectively, has also the striving of being himself exculpated). Like the whore, he is held in contempt but secretly envied.¹⁵

Since the times of totem festivals society has developed institutions to give an outlet to dammed-up instincts. At rare festival occasions deeds were permitted which normally were forbidden. They were permitted, however, only as long as the 'deeds' were done in a manner of play entirely prescribed and according to ritual. The participants in these institutions were subject to taboos designed to insure the maintenance of the prescribed and institutionalized rituals. Within the restrictions of the taboos, and outside their contacts with their employers, they were granted certain privileges.¹⁶

In the classic bourgeois society, the actor had sexual privileges, if often only a pseudo sexuality. We have described why those who are disposed easily to develop identifications, and who are in need of external oral gratifications, are those who are especially inclined to become actors. These individuals are frequently inhibited in their object relations because they see in the persons around them only objects for identification or sources of narcissistic gratification. It may have been that the majority of actors *acted* in a manner more sexual than other people, but perhaps experienced less satisfaction; or that at times they were able to indulge and achieve satisfaction only after their expiating success on the stage.

¹⁵ Cf. Kris, Ernst and Kurz, Otto: *Die Legende vom Künstler* Vienna: Krystallverlag, 1934.

¹⁶ There are many reasons why this position of the artist is especially marked for the actor. The theater has retained certain archaic features which, by their very archaic nature, are apt to mobilize repressed impulses and to arouse ambivalent feelings. The actors were, for long periods, nomads—like the gypsies—while all others had long settled. Actors are also looked upon like gypsies, and gypsies were often performers. Cf. Fenichel, Otto: *Psychoanalysis of Anti-Semitism*. American Imago, I, 1939.

VI

The unconscious aims of the magic influence, which the actor tries to convey to his audience, and which has the value of exculpating him, are mainly two: seduction to participate in the actor's guilt, and the craving to gratify passive oral needs by any means, including if necessary, destruction or 'castration' of the audience.

In the plots in which theater is used to wring an actual confession of guilt from a spectator, as in *Hamlet*, or in Schiller's *Cranes of Ibis*, not a repressed instinct but a suppressed feeling of guilt and expectation of punishment is mobilized. This, too, to a certain extent, seems to be a component of all theater. Pity and fear have to be provoked, and the evocation of fear—the fear of God who was imitated by the acting priests—was certainly one of the main aims of the primeval theater. Not alone fear, but certainly also hope of salvation was aroused; otherwise the audience would have fled in panic and would not have remained true to God. Seduction and intimidation were both achieved by means of magical gestures. This combination of seduction and intimidation is the essential content of all totem festivals, initiation rites, religious rites, and theatrical performances. It states in effect: 'You are given permission for instinctual satisfactions (or you are given your narcissistic indulgence), but only if you fulfil our conditions. And do not forget that you will be dreadfully punished if you transgress these conditions.'

Not only has the spectator to be given protective reassurances ('it is only a play') if the attempted seduction is to succeed, but the actor, too, has to deny dangers which are believed to be connected with his seducing and imitating activity. He wants to seduce, or charm, or even to destroy the spectator, but not in such a manner or to a degree that might provoke the spectator to turn against him. The actor has to make sure that the audience remains dependent on him. The more he doubts inwardly its dependence on him, the more urgent his need for outer proofs of it. Seeking applause, as the actor invariably

does, he denies to himself and others that he actually is dependent on the spectators.

An actress-patient, who had a deep oral fixation and whose object relationships consisted almost exclusively in trying to make people *give* to her, had, since her childhood, always had several dogs. Her later relationships included a number of men, all temperamentally depressive, who needed her sympathy but who actually tyrannized her. She had the illusion that the dogs and the men were dependent on her, whereas actually she was entirely dependent on them, even to the point of submissiveness (*Hörigkeit*). Her acting was (a) consciously the expression of the fantasy, 'Look how rich I am; how much I am able to give away'; (b) unconsciously the expression of the fantasy, 'You have to give me something, namely, the stuff which I in turn will give away again'. 'I feed you', was the surface. 'If I act well, you will have to feed me', was the depth. Her words and gestures on the stage had for her the unconscious significance of food, and were 'magical gestures' to demonstrate to the audience what she expected the audience to give to her. The narcissistic pleasure consisted in the fact that the playwright's 'food' had passed through the actor's personality. This was the same patient who was sometimes disturbed while acting by the compulsion to make faces, which turned out to be chewing movements, expressing an unconscious impulse to devour the audience.

Exhibitionism in general, and acting in particular, have a deep connection with the castration complex. There are many ways in which the 'charm' of acting may serve the purpose of denying castration or any possibility of it, or of denying that castration is a danger, and influencing the audience to give some equivalent reassurance.

I have had opportunity to observe a strange urethral way of gaining such reassurance. An actress who spoke very quickly, was often afraid of 'losing control' over the words which gushed from her mouth, and was sometimes inhibited to the point of speechlessness or forgetting her lines. Her magic means of avoiding that was, between scenes, to drink one or several glasses of water whereby she filled herself with the substance which

then came out in the form of her words. Unconsciously her copious urination was identical with having a penis.

The most drastic idea of forcing the audience to give such reassurance is the unconscious fantasy of castrating the audience. Such a castrating attitude was decisive in the structure of the neurosis of a patient who loved to act.¹⁷ Analysis of her acting provided the opportunity to analyze grotesque-comic acting in general. This patient's acting had the unconscious aim of stating by magic gestures: 'None of you has a penis. I, acting the part of a castrated person [in a deeper layer: acting the part of a penis which has been cut off] am showing you how you are supposed to look.' The comic character of the acting concealed and denied the real aim of the grotesqueness to achieve a frightening effect. The neurosis of this patient expressed the failure of this defense, due to its double-edged character. Her symptoms expressed the fear that the play might become real and she might lose both her audience and her penis for good.¹⁸

It is tempting to study the same influences from the standpoint of the spectator. The social function of the theater is fulfilled today by the movies and with greater effectiveness than the medium which served narcissistic needs of individual actors. To discover in this new medium the old elements which, since ancient times, have been the constituents of all theater, would be very interesting. But we shall limit our discussion to the actor.

¹⁷ Reich, Annie: *The Structure of the Grotesque-Comic Sublimation*. Read before the New York Psychoanalytic Society, 1940.

¹⁸ The same mechanism can often be observed in people who like to 'perform' by telling jokes. An unconscious aggression may be given expression if hidden in the form of a joke, particularly if one succeeds in inducing the audience to participate in the aggression. But this too may have a 'double edged character'. The fear is that a real magical effect of the joke might destroy its character as a joke. Cf. Freud: *Wit and Its Relation to the Unconscious*. New York: Moffatt, Yard & Co., 1917.

I once analyzed the traditional figure of the 'clown' as the exhibition of a phallic figure, which has been regressively debased to the pregenital level for the purpose of denying the seriousness of castration. The many stories of the uncanny tragic clown represent the failure of these attempts. Cf. Fenichel, Otto: *Die symbolische Gleichung Mädchen-Phallus*. Int. Ztschr. f. Psa., XXII, 1936, pp. 299-314.

A discussion of the psychology of the actor should not fail to include comment about the typical actor's neurosis, stage fright.¹⁹

The general cause of stage fright is to be found in the double-edged character of all the psychological mechanisms we have discussed. The reassurance which theatrical performance unconsciously promises the actor is not always achieved. Stage fright occurs when the unconscious motives of the actor threaten to become conscious (when the 'play' threatens to become 'real'). Instead of participating in the actor's guilty misdeeds, the audience may turn against him and become the representative of the punishing superego. And stage fright has a special quality; it is the specific fright of an exhibitionist: shame. Unconsciously, it is the shame of an inferiority (being castrated), which to cover has been the chief motivation in the choice of acting as a profession. The shame may derive in addition from the threat of display of unconscious intentions hidden in the acting, of sexual tendencies (œdipus), and of primitive destructive impulses to obtain, by deception, gratification of the narcissistic demands. Shame and anxiety arise from the dread of being exposed as a sham, of having expropriated something, of adorning oneself with borrowed plumes. The playing of a part on the stage is moreover a source of potential shame because of the real dependency of the actor who tries to make believe that the others are dependent on him.²⁰

¹⁹ I do not remember any published case of the psychoanalysis of stage fright. There is a great deal of literature about the related symptoms such as fear of examinations and erythrophobia: Blum, Ernst: *Zur Psychologie von Studium und Examen*. Int. Ztschr. f. Psa., XII, 1926, pp. 400-412. Feldmann, S.: *Über Erröten. Beitrag zur Psychologie der Scham*. Int. Ztschr. f. Psa., VIII, 1922, pp. 14-34. Flugel, J. C.: *The Examination as Initiation Rite and Anxiety Situation*. Int. J. Psa., XX, 1939, pp. 275-286. Jones, Ernest: *Pathology of Morbid Anxiety*. In *Papers on Psychoanalysis*. Baltimore: Wm. Wood & Co., 1913. Stengel, Erwin: *Prüfungsangst und Prüfungsneurose*. Ztschr. f. Psa. Pädagogik, X, 1936.

²⁰ Compulsive mechanisms of actors have unconsciously the meaning of ensuring that acting is only 'playing' to overcome stage fright. 'Getting stuck' may express the resistance against any tendency which was supposed to find an outlet in the acting. It may also have the much more specific meaning of 'getting stuck' before the castrated state, which one had intended to play, is achieved; and/or 'getting stuck' in the castrated state.

THE GENESIS OF REALITY TESTING

A GENERAL THEORY OF HALLUCINATION

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A psychic image is either a stimulus from an external object or it is an intrapsychic evocation. The psychic image, let us say, of a house is either a visual perception, or the representation of one in fantasy. The ability to distinguish images corresponding to external reality from the products of fantasy is indispensable for the correct orientation of behavior.

The establishment of distinctions between endogenous and exogenous psychic images is one of the important functions of reality testing. Exogenous and endogenous images are not differentiated only by differences in the intensity of perception, there being some weak and confused stimuli from the external world which can nevertheless be easily distinguished from others far clearer despite their internal origin. Testing the reality of a perception¹ takes place in the ego which learns to distinguish between the two types of perceptions, taking as a basis their duration and especially the possibility or not of reacting by escape. For example, the ego can avoid the external perception of a threat of injury by avoiding the injurious object, whereas inner perceptions such as hunger and sadness give the ego no such possibility of escape.

'In an earlier passage',² Freud writes of this mechanism, 'we

¹ 'Perception', as used here, will include both exogenous and endogenous perceptions.

² 'We have now obtained material necessary for discriminating between stimuli of instinctual origin and the other (physiological) stimuli which operate on our minds. First, a stimulus of instinctual origin does not arise in the outside world but from within the organism itself. For this reason it has a different mental effect and different actions are necessary in order to remove it. Further, all that is essential in an external stimulus is contained in the assumption that it acts as a single impact, so that it can be discharged by a single appropriate action—a typical instance being that of motor flight from the source of stimulation. . . . An instinct, on the other hand, never acts as a momentary impact but always as a constant force. As it makes

claimed that the still helpless organism had the capacity for making a first orientation in the world by means of its perceptions, distinguishing both "outer" and "inner" according to their relation to actions of the muscles. A perception which is made to disappear by motor activity is recognized as external, as reality; where such activity makes no difference, the perception originates within the subject's own body—it is not real.³

In short, according to Freud: 'The antithesis of ego—nonego (outer), i.e. subject-object, is, as we have already said, thrust upon the individual at an early stage, by the experience that it can abolish external stimuli by means of muscular action but is defenseless against those stimuli that originate in instinct.'⁴ (*Instincts and Their Vicissitudes*, Coll. Papers, IV, p. 77.)

This author's observations have led him to the opposite conclusion: that the ego considers perceptions to be internally originated when they can successfully be rejected and considers those it cannot avoid to be externally originated. This statement at first sight gives the impression of being devoid of all rational foundation; nevertheless, there are psychological facts which make it seem probable and which besides aid in the understanding of otherwise inexplicable psychic phenomena.

These observations begin with the psychological mechanism, *countercathexis*, which neutralizes psychic energies on their

its attack not from without but from within the organism, it follows that no flight can avail against it.' (*Instincts and Their Vicissitudes*, Coll. Papers, IV, pp. 61-62.)

³ Freud: *Metapsychological Supplement to the Theory of Dreams*. Coll. Papers, IV, p. 148.

⁴ The capacity to avoid an external stimulus through rejection or actual flight is also to be found in the psyche—independently from the actual flight—in the face of perceptions from the outer world. Freud expressed his idea as follows: 'This function of orientating the individual in the world by discrimination between inner and outer must now, after detailed dissection of the mental apparatus, be ascribed to the system Cs (Pcpt) alone. Cs must have at its command motor innervation which determines whether the perception can be made to disappear or whether it proves persistent. The capacity for testing reality need be nothing more than this function.' (*Metapsychological Supplement to the Theory of Dreams*. Coll. Papers, IV, pp. 148-149.)

way to the (pre-) conscious system. Bearing this in mind, let us consider some psychic states in which reality testing is altered as, for instance, in hallucinatory states which consist simply in believing that what comes from inside the psyche is of external origin.

We know that during the trauma which precipitates a traumatic neurosis, a great number of stimuli flood the psyche. This gives rise in the ego to an intense psychic cathexis. In traumatic neurosis, the ego has been unable to mobilize a sufficiently strong countercahexis to control and regulate the overwhelming cathexis released by the trauma. One suffering from traumatic neurosis behaves as if he did not perceive the trauma as a memory, but in recurrent attacks or dreams he hallucinates anew the trauma, believing that he is actually experiencing it again. The memory of the trauma exists in the unconscious of the traumatized individual but owing to a deep disturbance of his reality testing, this memory is not perceived consciously as such but appears to him rather as a repetition of the external traumatic event. This causes him to react repeatedly as if it originated in the outer world because the particular disturbance of reality testing is a failure of the ego to provide countercahexis strong enough to control and elaborate the intense cathexis of the psychic reactions to the trauma experienced.⁵

The too intense internally originated cathexis not being satisfactorily neutralized by an equally strong countercahexis, the traumatized patient behaves repeatedly as if he were subjected to an external stimulus (which no longer exists). In the traumatic neurosis the subject erroneously takes for external a traumatic incident which originally he could not successfully influence by the psychic equivalent of muscular action. Accord-

⁵ Cf. Fenichel, Otto: *Outline of Clinical Psychoanalysis*. New York: The Psychoanalytic Quarterly Press, 1934, p. 11, where he explains these concepts in an analogous but not identical way. He says: 'Should the traumatic event suddenly overwhelm the psychic apparatus by an excessive amount of excitation, the process of "binding" will end in failure and the psychic apparatus will make a subsequent attempt to complete this process by means of symptoms; e.g., the neurotic will constantly reenact the accident or dream of it, in order to "abreact" it gradually.'

ing to the psychoanalytic theory of reality testing, a danger which one cannot avoid by flight should be perceived as being of intrapsychic origin.

Traumata of variable intensity are followed by hallucinatory repetitions in dreams depending upon the subjective state of the victim at the time of the accident. The psychic repetition in the subject during the days following such an experience (originally produced by some external event) takes the form either of hallucinatory dreams, when a neurosis ensues, or of simple recollection when it does not. It is either exogenous or endogenous for the subject, depending on the greater or lesser capacity of his ego to dominate it. This fact has also been clearly stated by Reik⁶: 'Originally reminiscence implied the attempt to assimilate an experience by re-living it in the imagination. It is, therefore, the repeated performance of a play on the stage of thought or idea, whilst in the earlier form of action it was really performed again. In the psychopathology of the traumatic neuroses, which so frequently repeat the original situation, the play is performed again, so to speak, because of its overpowering effect.'

Bearing this in mind, the existence can be admitted then of a series of analogous psychic phenomena, composed of hallucinations, vivid reproduction in waking fantasy or in dreams, and simple recollection, the appearance of one or another in the psyche depending greatly on the capacity of the ego to dominate an experience by means of counter cathexis. Forceful counter cathexis in the ego would be followed by simple recollection; hallucinations would appear if the counter cathexis were overcome by the cathexis originating in the incident.

If this is so, and if a generalization from the traumatic neuroses is permissible, then all perceptions of internal origin, which can be kept within bounds and neutralized in the ego by counter cathexes, are not subjectively considered as originating in external reality. They are considered to proceed from

⁶ Reik, Theodor: *Surprise and the Psychoanalyst*. New York: E. P. Dutton & Co., 1937, p. 137.

the outer world if they cannot be controlled by counter cathexis in the ego.

If we apply what we have deduced to external perception, we may presume that exogenous sensory perceptions have the characteristics of external reality for the subject because they are more difficult to dominate by counter cathexis than those which are endopsychic. In other words, external perceptions become (pre-) conscious more easily and *with more intensity* than internal perceptions because the ego is less capable of coping with the former by means of the psychological mechanism of counter cathexis. It now remains to be determined whether this supposition is empirically and theoretically tenable and what use it may have.

If we examine carefully certain psychic phenomena we shall find support and evidence for the ego's greater ease in counteracting discomfiting changes of emotion associated with perceptions of intrapsychic origin than with those of external origin. What we see, hear, feel, taste, smell around us is relatively clear and precise; what we perceive of our inner selves is by contrast obscure, vague, with much less clear content or defined limits.⁷ In simpler words, we easily recognize the objects round about us but we are not at all sure what our own psyche, our own personality, is like. This explains why it never occurs to anyone to inquire about the shape of the objects which surround him and why, on the other hand, people go to psychologists to find out about themselves.

Psychoanalytically, it may be stated that the lack of good inner perception is due to a defense mechanism of the ego which rejects with its counter cathexis inimical ideas or feelings regarding oneself. Contrary to what one might at first suppose, this is not due to the ego's incapacity for inner perception, but by contrast, poor perception of external objects or events is completely independent of the ego's actuation and is solely the result of limitations and imperfections of the senses.

⁷ Cf. Herold, Carl M.: *Critical Analysis of the Elements of Psychic Functioning*. This QUARTERLY, X, No. 4 and XI, Nos. 1 and 2. [Ed.]

This psychological fact, that external perceptions penetrate the (pre-) conscious system (Cc-P) with less likelihood of being rejected than are inner perceptions, is given support by the observation that the vast majority of people do not make the gross errors (such as hallucinations) in their outer perceptions that are normal phenomena in intrapsychic perception. Psychoanalytic treatment enables a person to know himself better, rectifying false beliefs about himself, whereas the outer world remains more or less the same to him although his affective reaction to it has changed. These instances show that errors in intrapsychic perception do not depend on a lack of capacity of the ego to perceive the inner self adequately, but on the effort that it makes to reject and modify disagreeable psychic contents—this conduct being impossible when the ego is confronted with facts coming from outer reality since these have a greater resistance to the modifying action of the countercathexis.

The existence of a greater rejection by the ego of intrapsychic perception, than of anything originating in the outer world, explains the very strange and remarkable fact that psychology is the science that has been latest in developing. Until Freud and the present century a real science of psychology did not exist. As man's prime interest is himself, psychology would have been the first and most perfect of all sciences were it not for the intense rejection of anything psychologically endogenous.

Even with the body itself, which for a person represents the part of himself closest to the outer world, exactly the same greater rejection of what is internally originated takes place, so much so, that normally the perceptions originating in different organs of the body are not felt consciously despite their undeniable existence in every instance, as is shown by the regulation of organic activity where superior psychic processes intervene. Granted that the perceptions from the organism are less conscious than those originating in the outer world, it must be deduced that the ego rejects them more easily.

To draw a parallel, it might be said that if perceptions coming from outer reality reached the conscious system (Cc-P) with

as much difficulty as inner perceptions, we would not consciously perceive the majority of events or objects around us just in the same way that we do not consciously perceive a great deal of what is going on inside ourselves. This, however, would not destroy one's capacity to react adequately to outer reality, for we are able to regulate the functions of our own organism—both psychic and physical—pretty well, without perceiving it consciously.

Activity becomes conscious when there is an increase in the intensity of cathexis from any of the organs, that is, when the ego's counterathesis finds rejection more difficult against superior antagonistic forces. This happens, for instance, as a consequence of digestive disturbances, intense muscular activity or great genital excitation. The relation of the ego to the outer world is different since it easily makes conscious anything that reaches it, the only condition being that this should pass the threshold of excitation of the organs of perception, the senses.

A recollection, no matter how vivid and realistic it may be, is always easier for the ego's counterathesis to dominate than a direct sensory perception from the outer world however weak and undefined the stimulus may be.⁸ Therefore, bearing in mind these facts which are easy to verify, we state again that the ego's rejecting capacity must be small as regards direct external perception and that reality testing must have as its basis this lesser rejecting capacity.

It is due to this strange behavior of the psyche that hallucinations, be they positive or negative, appear only in extremely pathological cases.⁹ Conversely, such hallucinatory deforma-

⁸ Outer reality is present in a recollection keeping, to some extent, the character of something external because it originated in a perception from the outer world which is not easily dealt with by counterathesis. That memory is not considered external is consequent to its being evoked by internal processes which are easier for the ego to dominate than are external perceptions.

⁹ According to Freud, any attempt to explain the psychological problem of hallucination would have to be made from the starting point of a negative hallucination, rather than of a positive one. (*Metapsychological Supplement to the Theory of Dreams*. Coll. Papers, IV, p. 148.)

tions in perception of the outer world would be very common even in normal people, if the ego were able to dominate external perceptions as easily as internal ones, i.e., were the ego able to act in the way ascribed to it by the former psychoanalytic theory on reality testing.

Suppose, as an example, that a man does not wish to acknowledge to himself that he is in love. He can more easily repress his affection (which originates internally) than the image (coming from the outer world) of the loved woman when he meets her. Were the ego's capacity to reject identical, as regards internal and external perceptions, he could maintain his affection and negatively hallucinate the woman. This does not take place because external perceptions are less rejectable by the ego's countertransference; consequently they act more strongly on the conscious system (Cc-P) and therefore impress the ego as coming from the outer world precisely because they could not be rejected or avoided by the ego.

Some objections to this theory are possible. It might be said that the currently accepted psychoanalytic theory does not refer to this point, but to the ego's capacity to reject materially the situation which causes the perception through a voluntary act of separation from the provoking object, which seems feasible only with what comes from the external world. Does this not constitute a serious contradiction to the theory here developed?

There is another objection. According to current psychoanalytic theory, among the data on which the ego establishes the difference between inner and outer perception, is the fact that what is internally originated as, for instance, hunger or sadness, is felt for a certain duration of time, no matter how short, while an external discomfort, like a pin prick, is of momentary duration if the ego reacts adequately. Does all this agree with the theory presented here?

Let us examine this in detail. The ego can, without doubt, avoid by means of action a painful stimulus of external origin thereby making it momentary, which does not seem so easily

possible with painful endogenous perceptions. Psychoanalysis rightly asserts that one of the ego's faculties is to act to modify external reality (alloplasty) to make it more satisfying to the person's desires; however, the problem is not as easy as it appears to be, and this faculty must be examined more closely to see if it exists in all circumstances and, above all, at all ages.

To modify external reality is certainly a faculty of the ego, but only of a fully developed ego in possession of an apparatus developed to carry out this modification. Such an apparatus is not developed in infants at the outset of life when the psychic apparatus is creating and developing the function of reality testing. Alloplasty does not exist in this infantile period; on the contrary, the little child is just as defenseless, or more so, in the face of external reality as it is when confronted by its own internal demands or sensations. Indeed, the infant cannot modify the discomforts of external reality—cold, unpleasant wetness, or the prick of a pin in its diaper—by appropriate muscular activity, nor can it assuage its hunger by the actions necessary to obtain the desired food for itself.

The only thing the child can do in either case is to react by kicking and crying, that is, by a reaction which will attract the attention of an adult who will rescue it from its external or internal discomfort. From this we must deduce that the possibility of rejecting outer reality cannot constitute the little child's basis for the genesis of reality testing; yet this important discriminating function is created and developed in early childhood; furthermore, supposing what seems very probable, that a child has intense perceptions during its birth, this extremely traumatic event would have the effect of favoring, to a great extent, the development of feelings about external reality. This external reality would be regarded as something that acts strongly and continuously on the individual, with the characteristic that it cannot be eluded in any way whatsoever, since it is impossible to elude being born. The deep traces which the intense trauma of birth leaves on the psyche of every individual should be evaluated as an example of the transcendency of this primary situation when disagreeable stimuli which are

persistent and inevitable are experienced in external reality. We are dealing, then, with an external reality which is quite different from that posited by psychoanalytic theory of the genesis of reality testing.

Many of the stimuli received by the infant in the course of its early development must have the same effect, although not so intense, as those received during its birth. Theodor Reik also calls attention to this when he writes: 'Children seem most receptive to new impressions. A French psychologist speaks of the *cerveau de cire* of children and primitive man. This remarkable receptivity may assume the character of the love of sensation. A child is *novarum rerum cupidus*. Only a feeble ego confronts this receptivity, and, incapable of mastering so many new impressions, it is forced to hand over the greater part to the unconscious for later assimilation. It is not, therefore, because childish experiences are specially forceful that they are mastered later, but because it is too hard for the feeble ego to master them. In this sense, then, we must attribute a traumatic character not only to particular events, but to the sum total of childish experience.'¹⁰ In other words, during infancy stimuli from the outer world cannot be rejected by the ego which is forced to submit traumatically to them. The capacity to reject external stimuli cannot, therefore, constitute a positive basis for the formation of reality testing.

From these facts we draw the conclusion that at the age when reality testing is in formation, an examination of the child's possibilities of reacting to the outer world supports the theory that reality testing depends on the ego's lesser capacity for rejecting perceptions of external origin.

This is a further corroboration of our thesis; nevertheless, let us maintain our critical attitude and declare that our theory should be sustained only if it is able to explain with greater psychological clarity some other important psychic phenomenon as, for example, the mechanisms operating to produce hallucinations in dreams.

¹⁰ Reik, Theodor: *op. cit.*, p. 135.

According to the current theory, the conditions that allow hallucinations to appear in dreams are regression, and defective functioning of the conscious system (Cc), the seat of reality testing.¹¹ But is it possible, we wonder, to give a more detailed explanation of how the failure of testing reality in dreams comes about? Perhaps it is, if we follow the above train of thought. We must indeed suppose that in its desire to maintain sleep, the ego diminishes, although not entirely, the intensity of its countercahexis which opposes the free passage of ego alien strivings to consciousness, because in order to sleep the energy of the ego, expended in countercahexis, must also rest. This is a well-known phenomenon in psychoanalysis. The study of dreams clearly shows that forbidden desires, rejected or repressed when one is awake, reach consciousness in dreams. In sleep, this selective censoring function of the ego is lessened. We have already shown that a certain positive capacity of the ego to reject inimical contents by means of the ego's countercahexis is exactly what gives rise to the idea that what has been perceived is not of external origin. It is easy to understand then that when, in sleep, the intensity of the ego's countercahexis diminishes, the ego-alien strivings rejected during waking hours (and which unlike the ego, seem to have no desire to sleep and maintain their usual energy) will, on finding a smaller resistance in the diminished countercahexis, act more strongly than in waking hours on the conscious system (Cc). Consequently, when these inimical impulses reach consciousness as dream activity, the reality testing function of the weakened ego erroneously judges them to be of external origin,¹² precisely because their cathectic charge is relatively greater than the weakened countercahexis insufficiently mobilized to reject them.¹³

¹¹ Freud: *Metapsychological Supplement to the Theory of Dreams*. *Op. cit.*, pp. 146-148.

¹² Thus they produce the same impression of reality that all perceptions, whether endogenous or exogenous, gave before the development of countercahexis as part of the functioning ego.

¹³ Cf. Garma, Angel: *Psicoanálisis de los Sueños*. Buenos Aires: Librería El Ateneo, 1940. There I have developed the theory that hallucinations in dreams

The sleeping ego then may be compared to a temporarily badly defended city, which is easily overrun with destructive intent by an enemy army even though it be a small one. That is to say that sleep brings about a complete disproportion between the balance of the forces of repression which decrease, and the forces repressed which maintain all their former intensity. Consequently the latter are, relatively, sufficiently intense to break into the conscious system, forcefully and traumatically, in the guise of hallucinations. Thus are dreams originated. A second psychic function then intervenes, which attenuates the disagreeable tension of traumatic fantasy, transforming the original latent content into the hallucination of the manifest content of the dream.

The universal custom of pinching or slapping oneself to make sure whether an exciting situation is true or only a dream is effective because in doing so the ego is aroused and fortified,¹⁴

arise because the basis of a dream (i.e., the whole formed by the day's residues and the latent repressed desires) cannot be elaborated normally by the ego, with the result that a traumatic situation is created. It would come to be something like a miniature traumatic situation. In much the same way as happens in traumatic neurosis, a situation such as this would be the cause of the aforementioned whole taking on a hallucinatory aspect instead of rising to consciousness as common thoughts. Keeping to this theory of a traumatic situation at the origin of dreams, the present paper enables us to explain the genesis of dream hallucinations even more precisely. Indeed, as we have already stated, the ego cannot dominate or elaborate all of the day's residues and repressed desires normally; this is clearly shown by the fact that they are repressed during waking hours; however, this factor is not in itself sufficient to explain hallucination since there is no hallucination whatsoever when one is awake. The decrease of the ego's countercathesis is the added factor; for it is this energy that maintains the repression during waking hours, and also, that by rejecting contents from inside the psyche with a certain intensity takes away their character of external origin as soon as they are perceived in the conscious system (Cc-P). In waking hours the countercathesis avoids traumatic situations by repressing disturbing psychic contents. In sleep the situation is different; these contents partly penetrate the conscious psyche and in this way the latent psychic trauma becomes more or less manifest.

¹⁴ Freud's demonstration that the ego is originated by the influx of stimuli from the outer world and that it is above all a body ego, explains why these actions help to awaken or strengthen the ego.

reviving a countercahexis which had lost its intensity. In this way, the ego accentuates its capacity for reality testing in a given situation. In such an instance, the strengthened countercahexis of the ego can more easily reject impulses originating from the id, being, moreover, unable to dispel external reality, which despite these manœuvres persists in all its intensity. What cannot be dispelled by muscular activity is judged by the ego as proceeding from the outer world; whatever can be dominated by countercahexis is judged by the ego as being of intrapsychic origin—in this case considering it to be a dream.

SUMMARY

The ego judges a given perception as not coming from the outer world (i.e., as being of intrapsychic origin) by the operation of its positive capacity forcefully to oppose the cathexis of such a perception by countercahexis. Whatever cannot in some way be dominated by countercahexis is considered by the ego to originate in external reality.

In other words, if a special dynamic equilibrium exists between the libidinous cathexis which brings about a perception, and the countercahexis from the ego which does not allow this perception to pass freely (countercahexis dominating), the ego regards what is perceived as intrapsychic, and vice versa.

This special equilibrium may vary either way through modifications in either of the two component forces giving rise to divers variations in reality testing. When the intensity of the ego's countercahexis diminishes, a perception is less effectively dispelled and therefore is judged to be of external origin, even though it may be an internal perception. This, as we have demonstrated, is what happens in dreams. If, on the contrary, the intensity of a countercahexis increases while the cathexis in relation to an object or an event remains unchanged, then what is perceived will lose its character of reality despite its source from the outer world. This happens in the phenomena

of depersonalization which, according to Freud,¹⁵ are due to disagreeable unconscious strivings strongly repressed by the ego. A similar constellation probably occurs in the negative hallucinations of psychosis, if, as Freud states, the ego represses external reality to satisfy the id.¹⁶ A further increase in the intensity of counter cathexis results in a cessation of conscious perception, as is usual with visceral sensations.

If libidinal cathexes diminish sufficiently in intensity, perception may cease to exist for the ego. Increase in their intensity without commensurate modification of counter cathexis tends to cause all perception to be reacted to as exogenous even though it may be endopsychic. The symptoms of traumatic neurosis are given as an example where, due to the very intense cathexis mobilized by a provoking traumatic incident, the patient repetitively hallucinates the trauma in dreams instead of experiencing it subsequently as a memory.

Schematically, and according to the views here developed, the genesis of some important disturbances of reality testing are represented as follows:

Defective Perception of Reality

Cathexis too weak No perception
Counter cathexis too intense Negative hallucinations
of psychosis

Internal Perception Considered to Be External in Origin

Cathexis too intense 'Hallucinations' of traumatic neurosis
Counter cathexis too weak Dream hallucinations

¹⁵ Freud: *A Disturbance of Memory on the Acropolis*. Int. J. Ps., XXII, 1941, p. 99.

¹⁶ No mention is made of the positive hallucinations of psychosis because their genesis is rather more complicated. Various processes take part in them simultaneously. For example, in the hallucinations of a paranoid with persecution mania there is the combined action of intense cathexis (homosexual) and intense counter cathexis which provokes projection and the change of love into hate.

With reference to the theory of the genesis of the loss of external reality in psychosis, cf. Garma, Angel: *Die Realität und das Es in der Schizophrenie*. Int. Ztschr. f. Ps., XVIII, 1932, p. 183.

DREAMS AND ACTING OUT

BY RICHARD STERBA, M.D. (DETROIT)

From the daily analysis of patients' dreams it is found that the unconscious not only expresses itself in these dreams, but that from a dream we understand much of the dreamer's behavior in the waking state. In analysis, patients' dreams seem to acquire a new significance as a means of communication with the analyst. The connections with a patient's daily activities are, therefore, particularly important and enlightening. In associations to details of the manifest dream we find such connections between actions, thoughts, fantasies, feelings, and the latent dream content. Usually the patient relates a dream, after which he gives associations, and with the analyst's help, comes to an understanding of the significance of the dream, and its psychological connections with reality, the transference, and the analysis.

At different times I have had the opportunity to observe a sequence of events which appears to be the reverse of the usual procedure. I refer to certain incidents of acting out which precede the narration of dreams in the analytic hour so immediately, and which can be understood so clearly after the dream has been told, that one forms the impression that the acting out functions as a preceding dream association.

A patient who lived near my office came to the hour without the spectacles he always wears. He stated he forgot to take them when he left home and that he did not bother to go back for them since he was a little late and could walk the short distance without spectacles. He had never before forgotten his spectacles during two years of analysis. It then occurred to him that he had had a dream the preceding night. He dreamed that he started an argument with another man, and before getting into a fist fight he was taking off his spectacles in order to prevent his eyes from being injured by glass particles if the man should strike back. Acting out in the form of forgetting the glasses and the dream explain each other

to a great extent. The other man in the dream is the analyst, and the aggression of the dream is acted out at least to the extent of coming to the appointment without them. This symptomatic behavior is closely associated with the dream, making possible an interpretation of the dream before further associations are produced.

A second example deals with a woman, a patient who had arranged to live where I was spending the summer in order to continue her analysis. The house in which I lived was situated on a hill approximately sixty feet above the road. One day the patient arrived as usual on time, but I saw her running up the path to the house and storming up the few steps to the door. When I opened the door, she did not take off her coat, but rushed into my office, threw her coat on the floor, and flung herself on the couch, completely out of breath. She began immediately to relate a dream from the preceding night, frequently interrupted by attempts to catch her breath. She dreamed that her mother, while talking with her by telephone, had to interrupt her speaking continually because she was short of breath. When questioned about this, the mother stated she was out of breath because she was in labor, in the process of giving birth to a baby. That the patient caused herself to arrive breathless, and without any cause in reality had an important relationship to the content of her dream: her identification with her mother in a state of parturency. It was very impressive to observe the intensity of the patient's need to express through this action her wish to be identified with her mother in labor. It was the fulfilment of one of the most urgent wishes of her early childhood, and it played the most important rôle in her neurosis.

A man, who had the habit of coming for treatment a few minutes late, once arrived almost half an hour early. In the library where he waited, I found him fast asleep on a couch. When I woke him he was unaccountably angry, to a degree not in keeping with the circumstances. He then related a dream from the preceding night in which he was sleeping in a bed situated in a kind of an alcove. A woman was lying

beside him. Suddenly a man came down from the second floor, as if through the ceiling, woke him up, grabbed him and lifted him to the second floor. At this point he awoke.

This dream required extensive analysis. Partially, it repeated an experience of early childhood at the age of three and a half. He was at that time taken by his parents to the Far East where his father had taken a position. The dream referred to a scene which occurred one night while traveling on a train or on a boat. He was in the lower berth with his mother, when his father, who according to the analytic reconstruction of the scene was in the upper berth, came down and lifted him to the upper berth, while he himself got into bed with the mother. The sexual scene that followed was perceived, at least acoustically, by the child. The patient's falling asleep so that I had to waken him, and his anger and indignation about it were clearly hostile feelings against his father which resulted from his incestuous wishes towards his mother, and his rivalry with his father transferred to the analyst. This acting out in connection with the analogous dream content indicated that infantile and analytic situation were fused in the transference.

A last example is the most dramatic I have experienced. A man, who had his analytic appointment at night, rang the doorbell, and when I opened the door I was quite shocked by his appearance. Pale, disheveled, his face contorted with pain, he was holding his right arm with his left hand. With my help he staggered into the room and told me he had had a bad fall in front of my house. On the couch, he was scarcely able to tell what had happened. After a while he became calmer and, though still in pain, related that when he had parked his car in front of my house he had had the thought that he would have to be very careful because the road was icy. By walking cautiously he safely reached the sidewalk which was entirely cleared of snow and ice. He then felt he was on safe ground. Suddenly, he stumbled over a step which he had passed innumerable times without difficulty, and whose existence was completely familiar to him. He had fallen on his right arm and felt an extreme pain in the region of the elbow. As the

pain subsided gradually, the patient chose to remain for his hour. He did not believe that he was seriously injured. (An x-ray made the following day showed a fracture of the radius near the elbow.)

He then related a dream from the preceding night, which consisted of two parts. In the first part he observed a little boy who did some damage to the right front fender of a car. In the second part he saw a girl standing in front of a building, a house or a hospital. She seemed to be injured or ill, for two men came and carried her into the building. Again the acting out preceding the narration of the dream explains the dream immediately. It centers around active castration wishes, and retaliation in kind. The patient recognized the little boy who damaged the car to be himself, and the car as his father's. The retaliation involved a part of his body which roughly corresponds to the right front fender of the car. The retaliation itself, omitted in the dream, is acted out by falling and breaking his arm. The dream represents only the result of the symbolic castration: transformation into a girl who is taken into a hospital. That he is the girl is also acted out. He appeared at my door in such a miserable condition that I almost had to carry him into the house. In this example we see that symptomatic action and dream content were interlocked, so that a piece of the dream filled a gap in the action, and vice versa. Both combined offered a complete understanding of the unconscious psychological situation.

In our examples it is clear that the acting out which closely precedes the narration of the dream is unconsciously connected with the dream content. The phenomena described emphasize the importance of the rule that in dream analysis it is necessary not to restrict the focus of attention to the manifest dream content and to the associations produced in direct connection with the dream elements. The diffusion of the analyst's attention over the total picture, what precedes as well as what follows, is necessary in order to recognize the deeper connections and organize them according to the *Gestalt* of the underlying unconscious dynamic currents.

The close connection between the acting out and the dream gives the impression that the acting out functions like an association to the dream which precedes the dream. The dream can often be understood immediately from the content of the acting out. Actually the acting out as well as the dream which it precedes are both the expression of the same unconscious instinctual dynamism which succeeds in breaking through the repressing forces of the ego, particularly when the defenses are loosened up through the analytic work.

UNCONSCIOUS FACTORS IN GROUP THERAPY

BY GERALDINE PEDERSON-KRAG, M.D. (NEW YORK)

During the past two decades thousands of patients have been treated by group therapy: adult neurotics and psychotics, service men with traumatic neuroses and battle fatigue, children with behavior problems and their mothers. Many widely varying techniques are included in the term 'group therapy' all of which have been able to produce improvements in a large proportion of cases treated. To discover wherein lay the efficacy of this type of treatment, forty different groups have been studied.

Most of the therapists of these groups attributed their success to education of the group members and permissiveness of the group atmosphere. By 'education' some meant learning psychology and physiology with reference to the patients' symptoms, some, insight gained by the patients, and others, the knowledge that similar psychic conflicts are endured by all members of the group. The feeling of permissiveness which pervades these groups is the logical outcome of such enlightenment.

These group therapists, however, ignore two fundamentals, first, that neurotic manifestations arise from *unconscious* conflicts usually originating in an unresolved oedipus situation, and second, Freud's observation that when an individual becomes part of a group his unconscious mental processes tend to dominate his conscious processes (1). Thus education and permissiveness, acting only upon the rational part of the mind, do not touch the source of the neurotic symptoms; nor are education and permissiveness at their most effective in a group when the rational part of the mind is less in evidence than usual. These factors may, however, act upon the ego to produce such superficial changes as the suppression of anxiety in the face of reassurance and a better adaptation to society

through the use of techniques learned in the permissive group.

In many patients, though, the changes are more than superficial, and evidence that irrational and unconscious emotional reactions appear in group therapy can be found in the literature.

Discussing the observations of Le Bon, Trotter, and McDougall, in *Group Psychology and the Analysis of the Ego* (1), Freud demonstrates the ascendancy of the unconscious over the conscious in the minds of individuals forming groups, by such phenomena as these: each individual's suggestibility is enormously increased and consequently all of the group tend to behave in the same way; suggested ideas are rapidly transformed into acts; he can tolerate little frustration; he enjoys a sense of omnipotence; his critical faculty is lessened; he tends to think in images joined by associations and unchecked by facts; his feelings are stronger and simpler than usual, untouched by doubt and uncertainty. Words solemnly uttered in his presence have the power of moving him which reason cannot combat. He has a thirst for obedience and will follow whosoever appoints himself leader.

Freud goes on to explain that the group is made up of individuals who have substituted the same object for their ego ideal and have consequently identified themselves with each other. Their emotions could be traced back to the primal family or horde when only the father could satiate his feelings in complete sexuality and the unsatisfied love impulses of the children formed lasting ties between them.

Redl (2), following Freud's train of thought, demonstrated that groups were formed spontaneously according to common emotions which the individuals felt towards a central figure. If this central figure is a leader, he is substituted for their ego ideal, but he may also be an object of identification, an object of their libidinal drives or a support to the ego of those grouped about him.

Ackerman, discussing his Red Cross groups for veterans, states: "The unconscious is conditioned by the special rôle which reality plays in the group situation. Reality is never purely objective; it is influenced by subjective factors. . . . The

therapist personified the activity and purpose of the group' (3).

In order to find the special aspect of reality personified by the therapist, which Ackerman describes, the therapists' accounts of these forty groups were studied. This study revealed that all groups offer the realization of preconscious fantasies which produces deep narcissistic gratification and a lessening of anxiety—an emotional experience to which the less rational parts of the mind respond.

Let us classify and describe the groups in terms of the preconscious fantasies they best exemplify, noting that these specific preconscious fantasies are not the only ones operative in each group nor are they used here in an exclusive sense.

The *first* type is the protective group such as is conducted by the Institute for Juvenile Research (4) and other agencies in Chicago. During the past seven years there have been seventy-three such groups of about six children each between the ages of eight and sixteen years—primarily insecure children with retarded social development. These are play groups.

The therapist writes, 'The aim through the protective group experience is to expose them [the children] not only to play materials and children their own age, but primarily to a warm and understanding adult who by accepting their negative as well as their positive feelings offers them a relationship through which they can grow'. Later, 'the group leader becomes, as it were, the substitute for the good parent of which the child has been deprived'.

In similar work by Peck in Milwaukee (5), the therapist is described as 'an all loving father figure' who guided the group.

Here too belongs the Children's Ward in the Psychiatric Division of Bellevue Hospital (6), where Bender feels that the group activities may themselves be termed methods of therapy. In this ward forty to sixty children between the ages of two and fifteen who have become inmates on failure to adjust themselves to society have always at their disposal at least one man and one woman physician and a number of other adults towards whom the children's affection and aggression is encouraged.

Therapy in these groups is epitomized by the sentence, 'the group leader becomes the substitute for a good parent', i.e., the group experience offers a new and better home. The preconscious fantasy thus realized is: 'I have more powerful and more accepting parents than the people with whom I live'. That this is a universal daydream has been shown by the innumerable folk stories it has inspired, from the most ancient times until now. Rank in *The Myth of the Birth of the Hero* (7) has shown why such stories have had widespread occurrence: they enable the reader, by identifying himself with the hero, to deal vicariously with his ambivalence towards his parents.

To the group member with a new, better parent the myth fantasy becomes real. In so far as he still has a preœdipal oral relationship with his mother, his frustrations are lessened by gratification from a new and kinder mother. In the œdipal situation, one would expect a lessening of anxiety. There is now another woman with whom the child has a maternal relationship, or a second kinder father to protect him from vengeance for his hatred of the first. These therapeutic parents are not newcomers to his unconscious; they are revivals of the parents of his infancy when his own father and mother seemed more powerful and tolerant than later. Furthermore, this group experience gratifies the narcissism of the participant by providing parents for whom he feels only pride and love.

The *second* type, the permissive group, originated in and is extensively used by the Jewish Board of Guardians of New York City. This clinic has had 'an experience of about nine years with approximately eight hundred children in sixty-three distinct groups from eight to fifteen years, with activity rather than an interview'. Their method is described as: 'noninterpretative therapy. The general setting for activity group therapy is work in simple arts and crafts for an hour or an hour and a half. The group therapist is required to be all things to all children. He can meet the requirements of the children by being a neutral person and as passive as one can be in a group, by not obtruding himself, by not becoming a center of activity or the sole source of information, by abstain-

ing from actions that stimulate and feed dependence. This rôle is translated in terms of unconditional love. The child tests this love by aggressive and irrational acts. Aggressiveness accepted by the adult in the presence of others convinces the child that he is accepted and loved. When the child comes to the group, they (the adults) have a definite prestige—he expects prohibition' (8).

The keynote is that the child who expects prohibition from a father substitute does not get it, despite aggression which might well call forth not only prohibition but retribution as well. This fulfils the child's fantasy, 'I am stronger than my father. He cannot stop me from doing what I like', a fantasy widespread in folklore dealing with innumerable bad fathers—giants and the like—who were slain by the heroes and by the many youngest sons who won fortunes to support their fond but inadequate parents. Perhaps this fantasy is found in its most striking form in the totem feast, or the sacrament of Holy Communion. Here the macabre apotheosis of the permissive therapist is the slain God who says with the voice of his priest, 'Take, eat; this is my body that died for thee'.

In childhood terms the narcissistic gratification afforded by such a fantasy may be expressed as, 'It is as though I were grown up now'. The lessening of oedipal anxiety might be explained by the group member thus: 'I need no longer fear my father's vengeance for my envy of him as mother's husband. I dare love him as much as I wish.'

The *third* type of group substitutes interpretation for activity. Such were Schilder's groups at Bellevue for severe neurotics and psychotics (9), the groups Amster conducted for the mothers of emotionally disturbed children in the Jewish Board of Guardians (10), and the groups for the problem children and their mothers conducted by followers of the late John Levy in Child Guidance Centers in Brooklyn and New Rochelle (11).

Schilder's groups of two to seven adults of the same sex met weekly with a physician, answered long and intimate questionnaires, and discussed their future. Said Schilder, 'Relief was experienced when the individual no longer felt excluded from

the community because of urges and desires that society does not openly tolerate' (9).

Durkin, John Levy's follower, speaking both of play groups for children and discussion groups for their mothers, writes, 'The therapist . . . must be highly active in sensing and pointing out feelings and attitudes displayed by the children . . . especially important are those feelings of which they are themselves unconscious. Since they remain unconscious because of the anxiety connected with them . . . it is important to give reassurance whenever one is pointing them out' (11).

The common therapeutic effort in these groups is the exposure of guilt and the wishes and attitudes concealed because of that guilt, combined with the acceptance by the group leader of such guilt and its causes. This resembles the public confession and absolution of sins of religious services, and realizes the fantasy of the group member: 'My sins are forgiven me'.

The importance of this fantasy is evidenced by the tremendous efforts which men have made to achieve its realization in times past. Arduous pilgrimages have been undertaken, magnificent public institutions endowed and penitential torments endured for the forgiveness of sins.

Forgiveness and reassurance produce an increased tolerance of libidinal expression by the ego as it is increasingly convinced that the expected punishment for such expression is not forthcoming. Forgiveness also brings a narcissistic gratification, derived from a sense of being a favored sibling and free of the rules which restrict the conduct of others.

The *fourth* type of group is for adults who come to outpatient clinics for the relief of either physical or of behavior and emotional symptoms. Such have been conducted in the Worcester State Hospital by Marsh (12, 13), in the Philadelphia General Hospital by Hadden (14), and by Chappell and others for the relief of peptic ulcer (15).

Chappell's group, the most striking example, consisted of thirty-two patients in whom peptic ulcer had been diagnosed but for whom surgery was contraindicated. Twenty patients with corresponding conditions were used as controls. Both

groups also received suitable medical treatment. The group therapy patients resumed a normal diet after three weeks of treatment, the control group took four weeks. During a three-year follow-up the group therapy patients have tended to relapse less than the control patients.

Therapy consisted in training the patients thus: 1. When the patient found himself worrying, he was instructed to turn his mind to an experience similar to that which worried him but which was pleasant, for instance, an occurrence of his childhood. Chappell felt that worry could be controlled in three weeks. 2. The patient was forbidden to discuss his symptoms with others, but instead told to say aloud to himself when alone that he was making progress. 3. A detached but indulgent attitude towards the symptoms was advised, that is, the patient was to baby himself. 4. A forty-five-minute lecture was given daily on the influence of thought upon bodily activity. 5. The group leader gave individual reassurance and instruction.

In other similar groups, good attendance is encouraged as at school, patients' testimony stressed, mild hypnosis induced, or inspirational verse quoted.

Briefly, these patients are taught that by altering their conscious mental processes they can bring about concomitant physical changes. As Frazer, quoted by Freud, said, 'Men mistook the order of their ideas for the order of nature and hence imagined that the control which they have, or seem to have, over their thoughts, permitted them to have a corresponding control over things' (16). Here we have the fantasy of which Frazer spoke, 'I can work magic. I say to my peptic ulcer, "Begone!" and it diminishes.'

This fantasy, inherent in every childhood and in every people, is usually modified by a lack of fulfilment in the real world. One recalls Glendower's boasting, 'I can call spirits from the vasty deep', and Hotspur's reply, 'Why so can I, and so can any man, but will they come when you do call for them?'.

No such ribald scepticism deters the amateur magicians of the therapeutic groups when they recount their progress. A patient's claims to improvement are well received as enhancing the possibilities of everyone else's magic cures.

Narcissistic gratification is here derived from a sense of power akin to that of an infant before his sense of reality is developed, when his parents were potent genii who carried out his whims. Lessening of anxiety follows the individual's regression to a stage in which love objects have not yet been delineated and when his emotions are chiefly centered about his own person over which he feels he has magic control. The similarity to the faith healing of religious orders is noteworthy.

The *last* type of group has been used by Wender (17) at Hastings Hillside Hospital for the less disturbed of the hospital's inmates and for the brief treatment of service men and merchant seamen suffering from their reactions to shocking experiences or arduous duty.

Group therapy consisted of informal weekly lectures on the structure and mechanisms of the psyche. The leader discussed psychic conflicts by inviting a group member to talk about himself, or by describing the case of one of the patients present in a disguised form thereby encouraging an exchange of ideas and experiences.

Said a participating patient, 'After the first lecture, I felt too deep a sense of intellectual nausea. . . . My case was not only unique, mystifying, it involved very, very personal issues which I determined never to permit being bandied about in public. . . . By the time the ninth or tenth session rolled around, I found myself often on the edge of my seat itching to talk about myself. . . . My sense of shame was gone. It was no shame, there was no longer any stigma attached to the idea of being mentally or emotionally ill.'

Among the merchant seamen and members of the armed forces, the leaders tended to lecture less on psychic mechanisms and more on the structure of the central nervous system and psychosomatic reactions to emotional traumata. Group members' testimony dealt with their traumatic battle experiences rather than with life histories.

In this type of group, the leader is the fountain of knowledge and healing; he is the one sound and adequate man; he is like the godlike father of the member's early childhood. Members whose aberrations of feeling and conduct made them feel like

outcasts, now found that it was these very aberrations that drew the leader's attention and interest to them.

The realized fantasy may be expressed as, 'My father loves me because of my failings and hurts'.

Worded as 'The Lord loveth whom He chasteneth', this fantasy has enabled unfortunate and deprived people, through all ages, to tolerate their hardships. These hardships were no longer badges of personal ineffectiveness but rather passports to heaven. The value of the love and acceptance by the father was so great that pain and misfortune were to a certain extent endured voluntarily. This value is here applied to neurotic suffering.

Œdipal anxiety is lessened by adding to the fantasy 'My father loves me because of my hurts' the additional idea 'So he will not punish me for my rivalry'.

Shakespeare's King Henry the Fifth employs this idea as a morale builder before the battle of Agincourt when he says:

'For he to-day that sheds his blood with me
Shall be my brother, be he ne'er so vile
This day shall gentle his condition.
And gentlemen of England, now abed,
Shall think themselves accursed they were not here
And hold their manhood cheap whiles any speaks
That fought with us upon St. Crispin's day.'

The expected injury will gain its victim a place nearer the King, the father, and also better manhood. Howsoever these men are wounded—they can never be castrated.

An opposite interpretation of 'My father loves me because of my hurts' is that the hurts have been accepted as a castration, in that they increased the group member's chance of playing a passive rôle to the dominating paternal group leader. Anxiety is lessened because the dreaded punishment has already been endured and need no longer be feared.

To summarize, the various relationships of the group members to their leader affords experiences similar to regressions to earlier stages of development. The protective group offers the kindly parents of infancy, the permissive group, a child's

fantasy of being grown up, the group of Schilder, a sinless uterine garden of Eden, the magician's group, an omnipotent infancy, and the last group, reconciliation with a punishing father. To these situations—apparent alterations of reality—individuals respond, their response being heightened by the suggestive power of the group. The same situations are found in the Christian sacraments and rites, where they are used by the priests to control and lessen the anxiety of their congregation.

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PSYCHOLOGY OF TIME PERCEPTION

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CLINICAL OBSERVATIONS

The most important contribution to the psychology of time perception is Freud's discovery that the unconscious is timeless.¹ Classical proof is the evidence of dreams in which split seconds are felt as eternities, years are disregarded, chronology is scrambled or reversed.

No direct connection has been traced between infantile omnipotence and time perception although Freud stated that in the unconscious everybody considers himself to be immortal.² In fairy tales, daydreams, myths, and children's play, the element of time is freely disregarded.

Hanns Sachs has observed that the infant probably first learns appreciation of time during intervals between nursing.

In clinical analysis one finds that the child which persists in the neurotic personality of the adult still clings to the omnipotent fantasy of an existence free of the painful realities implicit in the progression of time.

An intelligent business woman sought analysis because of the bizarre phobia that a lion would attack her from behind in the dark. She could not remain alone at home evenings and was fearful of going out. 'Don't tell me, please', she begged, 'there are no lions running around in apartments of a modern city. I know my fears are stupid and irrational.' She expressed preference for a treatment hour directly after

¹ Other contributions to this topic: Hollós, Isván: *Über das Zeitgefühl*. Int. Ztschr. f. Ps., VIII, 1922, pp. 421-439; Spielrein, Sabina: *Die Zeit im unter-schwelligen Seelenleben*. Imago, IX, 1923, pp. 300-317. Hárnik, J.: *Die triebhaft-affektiven Momente im Zeitgefühl*. Imago, XI, 1925 pp. 32-57. Winterstein, Alfred: *Dürer's Melancholie*. Imago, XV, 1929, p. 195. Schilder, Paul: *Psychopathologie der Zeit*. Imago, XXI, 1935, pp. 261-278.

² Freud: *Reflections on War and Death*. New York: Moffat, Yard & Co., 1918.

her noon meal: 'I suffer from an old stomach disorder and have cramps after every meal. I have been advised to rest an hour after every meal. Since I have to lie on a couch for analysis, I thought to save time I could combine my mid-day rest with analysis.' Her 'organic' stomach troubles, she answered a little impatiently, were peculiar cramps in her bowels after eating. Rest relieved distressing flatulence after which she felt 'like a newborn'.

Analysis disclosed her fear of being attacked by a lion to be an oedipal rape fantasy. At the age of three she was taken by her father, a herculean man, to the zoo where she admired the lions. 'He is nearly as big as you are', she told her flattered father. She wanted to feed the lions from her lunch box but was warned by her father that this would be dangerous. The substitution of lion for father was easily established. An attack from behind corresponded to her infantile fantasy that the anus was the female sexual organ. Darkness was associated with a primal scene. So far this is a commonplace anxiety hysteria. More interesting was the psychogenesis of her gastrointestinal symptoms. Eating proved to be a thinly disguised sexual fantasy. Each meal was an oral impregnation. The orally conceived baby developed in the bowels, and following labor pains (cramps) was delivered per anum (flatulence). It was psychologically quite appropriate that she then felt 'like a newborn'. This hysterical materialization of a typical childish fantasy of oral conception, intestinal pregnancy and anal birth was consummated in one hour, three times a day. In addition to the complete disregard of the realities of time, other evidences of infantile omnipotence were the multitude of 'children' she gave birth to in fantasy, the magical gratification of her unconscious incestuous strivings, and the perpetuation of her alimentary fantasy of sex.

A patient suffering from writer's cramp remembered that in early childhood he kept himself awake from sexual curiosity about his parents. His father died when the patient was four. He remembered that his father came home, ate dinner, went to bed, his mother urinated, his father put out the light, and

then recollection faded. In the morning his mother awoke the boy who started immediately to investigate her face. 'What are you looking for?' the mother asked laughingly. 'Scars', was the boy's laconic reply. In the child's sadistic misconception of parental coitus the 'wounds' inflicted on his mother healed overnight.

The study of alcoholic addicts repeatedly revealed, when they were asked specifically without leading questions, that they felt, when urinating in states of intoxication, they could 'urinate indefinitely'. Some reported they had a peculiar feeling of power when urinating, the expression of sadistic fantasies of omnipotence.³

A married woman of fifty, analyzed for her inability to react realistically toward time and money, arrived regularly half an hour late for her analytical appointment and always tried to prove that the analyst had cheated her of two or three minutes at the end. If the analyst left the room during the hour she regularly altered the clock to gain a few minutes to which she always confessed. Always late for appointments, she became anxious whenever she saw a bank and refused in her work to submit expense accounts. She talked in a high-pitched voice like a little girl and walked like a child. Of course, she was constantly begging cigarettes or food. She believed in ghosts, fairies, magic carpets, fortunetellers, telepathy, thought-waves and 'hunches'. She had severe anxieties that analysis might deprive her of these 'oddities', her greatest pleasures in life. Time and reality represented to her her frustrating mother against whom she was, with the aid of her supernatural powers (infantile omnipotence), continuously in revolt.

A psychotic man (hebephrenic) of thirty years, verbalized freely a personal myth replete with magic and with data

³ Cf. Bergler, Edmund: *Zur Problematik des 'oralen' Pessimisten*. Imago, XX, 1934, pp. 330-376; also: Bergler, Edmund: *Contributions to the Psychogenesis of Alcohol Addiction*. Quarterly J. of Studies on Alcohol, Dec. 1944. The connection between urethral eroticism and infantile omnipotence was first stressed by Abraham, Karl: *Zur narzisstischen Bewertung der Exkretionsvorgänge in Traum und Neurose*. In *Klinische Beiträge zur Psychoanalyse*. Vienna, 1921; and Róheim, Géza: *Das Selbst*. Imago, VII, 1921, p. 17.

bearing on temporal relationships.⁴ On a theme of oral frustration, he said: 'All this trouble about the food and the bugs and about losing the wall and about things closing in upon me⁵ is the same trouble as the sundial. People thought that kind of funny, too. I was trying to make it stand straight at twelve o'clock and to stop the sun while hurrying in the sky. There was a girl, she thought it was about her and that I was trying to catch her. . . . It was the same thing about the Fourth of July. People had lost the Fourth of July. It did not come when it ought to have come and many people died of hunger in consequence. I was examined but it was found that I had got the right date.' This was proved when he showed what he had eaten on the first, the second, the third and fourth.

These sentences clearly state 'there is something wrong with time' which has to do with hunger and a defense of himself. 'Others had some trouble, and others suffered from hunger' is the refrain; then he declares that when it was discovered he was not wrong about the date, and that he had eaten something (or everything), he was President of the United States. To test whether 'time and tide wait for no man', he tried (mentally) to reach out for a ship at sea. 'This was noon and I was taking my food too seriously. . . . This was in the year 1894 but people had lost part of the time; they thought it was 1849. . . .' He would not trust the watch that was in the house but he could 'trust the sundial because that was like a drinking fountain'. Once he said 'ten o'clock' and as the word came out of his teeth it was lost, so he went to see where ten o'clock was, and then he had trouble with the sundial again. He lost track of time from believing it was breakfast time when really it was dinner time. At first the loss was only eight or nine years but soon it amounted to a hundred years, all because somebody was hungry; some people thought he was hungry. He kept track of time by keeping track of ships;

⁴ Róheim, Géza: *The Psychology of Magic*. (in preparation) will include a detailed interpretation of the psychopathology of this patient studied by the author for eighteen months.

⁵ This theme is always related in connection with stories about his birth.

also by the sun, but then he would look at a line made by the sun, or at railroads, because clocks were not reliable. Food can make you lose time and lose yourself. Losing his job and losing time are the same thing and both are identical with the food trouble. Once when he was for seven or eight years in a place like this (State Hospital), somebody asked him what time it was. It was noon and he was eating his noon meal, but he was fooling and said it was breakfast time the next day. Then the whole trouble was started by somebody eating the soup that he was eating but eating it in the opposite direction. He could not discover what mistake he had made—perhaps with the food. He used to travel about with a man whose name was Teethy. He was eating a beef stew 'and it was full of bugs but not real bugs, you know'. Whenever he moved the sundial, he tried to move the sun from its course. 'They' did not like that; it was as if he had eaten the stew and accidentally splashed it on someone else. Something was wrong with time; he was not born at the time people said he was born; consequently he tried to remove the sun from the sky.

Like Joshua and Maui this patient was trying to prevent time from passing. He states quite literally that this loss of time is caused by someone's hunger which is his way of saying he had to wait too long for his food and the time passed very slowly. In his fantasies of magical omnipotence this painful experience is transformed into a great victory: time passes very quickly and it is he who prevents the sun from progressing too rapidly. In eating his dinner at breakfast time, or at dinner in saying it is breakfast time the next day, he is always ahead of time; a complete denial of having to wait for his food. He was indeed 'taking his food too seriously'.

Every conscious or latent fantasy of infantile omnipotence disturbs the normal perception of time. These feelings of omnipotence are abundant in dreams and fantasies, evident in games and during coitus. Seriously questioned about their estimate of the duration of sexual intercourse, most individuals and patients first parry with the joke that they do not carry

a watch at such times, and are then vague and indefinite. Frustration being absent during coitus, there is no perception of time. It is assumed that the reality principle is based on the intrusion of a certain modicum of frustration.

Infantile omnipotence and time perception are mutual contradictions. Omnipotence is in unalloyed accord with the pleasure principle; perception of time is a function of the reality principle. Infantile omnipotence is a product of the child's 'autarchic fantasy'⁶ which negates everything not in agreement with its omnipotence. This fiction is shattered gradually by the infant's gradual realization of its complete dependence on the mother.⁷

Interestingly enough, the oral 'autarchic fantasy' can be utilized—even after it has been partially corrected by reality—to negate the anxiety of being separated from the mother which is gradually overcome by the transition from passivity to activity. Activity resolves the necessity of waiting for gratification of one's needs. The cathexis is withdrawn from the object and invested in the ego.⁸

Being punctual, doing things at given times, are duties imposed on the child which become incorporated in its super-ego, in many instances not without rebellion. A schizoid writer did everything at unconventional times. He worked during the night, slept during the daytime, had his dinner at three A.M. and so on. This was an exaggerated repetitive compulsion to defy parentally imposed schedules for specific tasks. In the manner of reversal, the element of infantile omnipotence is apparent.

⁶ Jekels, Ludwig and Bergler, Edmund: *Übertragung und Liebe*. Imago, XX, 1934, pp. 5-32.

⁷ For details see Ferenczi, Sándor: *Stages in the Development of the Sense of Reality*. In *Contributions to Psychoanalysis*. Boston: Richard G. Badger, 1916. For an up-to-date summary of clinical investigations on childlike omnipotence: Bergler, Edmund: *Thirty Some Years After Ferenczi's 'Stages in the Development of the Sense of Reality'*. *Psychoanal. Rev.*, XXXII, 1945, No. 2.

⁸ Cf. Freud's 'unconscious repetition compulsion' which comprises also active repetition of passive experiences. *Beyond the Pleasure Principle*. New York: Boni & Liveright, 1922.

A grandmother visiting her grandchild, age five, brought her a cake. The child, pleased, said, 'A birthday cake, and we are going to have a birthday party!' The grandmother objected, 'We can't do that, you know, because your birthday is the fifteenth of October.' The child retorted angrily, 'I can have a birthday cake, and a birthday, and a birthday party every day if I want to!'

There are patients whose narcissism is so intense that the end of each analytic appointment is perceived as being 'thrown out'. The patient understands *logically* the limitation of his time, that the next patient is waiting, and the end of the appointment no personal offense. *Affectively*, however, he reacts differently. With unerring accuracy and without looking at his watch, he gets up from the couch announcing that the time is up. Careful experiment to exclude covert glancing at a watch or clock, or the sounds announcing the arrival of a succeeding patient by postponing that appointment, makes no difference. With the regularity of a clock these patients correctly, subjectively measure the interval of time in the service of their narcissistic defense: they end the appointment, not the analyst and thus 'save face'. It is, of course, a common observation that many individuals keep accurate account of time while asleep, awakening without external stimulus at regular intervals to feed a baby, or on rare occasions awakening similarly at an unaccustomed hour to make ready for a journey.

The ultimate relationship between time and weaning is shown in the following dream of a woman patient, age twenty-five, with phobias, whose husband was expected shortly to be discharged from the army.

'My mother tells me at a lunch counter that my cousin Betty is being analyzed by you and I am jealous . . . The clock has stopped. Betty is helping me to dress. I am rushing to be on time for my appointment with you. The runners are down my hose. . . . I don't know the name of the place where you live. I rush with Betty and get into a bus. There are two buses waiting. The bus becomes a taxi. Betty disappears. I pay the driver with *centavos*. . . . You appear

on a porch. First you look like my father; then you become my stepmother, Kitty. There are children around and one of them is shooting. I told Betty before she disappeared that we would meet again at the luncheon counter.'

The association to the unknown name of the place is Utopia. *Centavos* is five, the age she was when her brother was born. She reacts to her husband as a sibling-rival as she does to her cousin Betty. Betty in this dream is equated with her brother in the past and her husband in the present. The birth of her brother was for her a severe oral disappointment and frustration. The clock stops to prevent her husband (brother) from returning (being born). Her husband's presence is a threat to her analysis. Stopping the clock simultaneously cancels the birth of her brother: she never had been nor will be separated from the luncheon counter (mother-analyst) in a timeless Utopia. The little boy who shoots with a toy gun proves to be herself. The hostility is directed towards Kitty, her father's second wife, whom she can kill, and, in Utopia, have her father in accordance with her unresolved oedipal demands. She is back in her infancy, the clock has stopped, time is abolished.

The part of the unconscious personality which watches over time perception is the unconscious part of the ego, under the influence of the superego.

Much confusion is introduced into the problem if one studies proverbs, adages and the like as a guide to what libidinous stage of development time perception is attached because these expressions lead, and mislead, to every stage. From 'time runs short' and 'time which devours everything' (Plutarch)—one might conclude that urethral and oral elements are exclusively involved. Anal elements may be erroneously deduced from expressions like 'pressed for time', 'saving time', 'wasting time' and the like. These are all secondary to feelings of infantile omnipotence attached to every erogenous zone, and have nothing to do with time perception *per se*.

With the development of the superego and the yielding of fantasies of omnipotence to the encroachment of reality, the

child finds out that it is, after all, under the 'command of the clock'.⁹ From reasonable punctuality this may progress under the stimulus of an excessive superego to the grotesque extremes of self-torture seen in obsessional neuroses.

In summary: time perception is an artefact built in the unconscious ego after partial mastering of blows against the 'autarchic fiction'. Therefore time and duty are associated. In every endeavor in which childlike omnipotence is fantasied, normal perception of time is disturbed.¹⁰

TIMELESSNESS IN FANTASY AND FOLKLORE

The pleasure principle and timelessness are linked together, as are time and the reality principle. In Fairyland, Elysium, The Happy Otherworld, there exists what we all seek in this world: eternal youth.

The Irish story of the Voyage of Bran preserved in manuscripts ranging from the twelfth to the sixteenth century tells us how Bran went to the Land of the Hereafter and how he returned.

One day Bran, Son of Febal, heard music and such was its sweetness that he fell asleep. When he awoke (i.e. in his dream) he saw a beautiful woman with a branch of an apple tree. He followed her over the sea and came to the Land of Women and Eternal Youth. Welcomed there by the Chief of Women, 'The woman throws the ball of thread to Bran which clave to his palm. The thread of the ball was in the

⁹ Being unpunctual has many different determinants, among them, aggression, self-punishment, reparation for childhood disappointments by letting other people wait. An example of punctuality in the service of the superego is the legend cultivated over sixty years for the benefit of Austrian school children that the Emperor Franz Joseph got up every day at six, was sitting at his desk at six thirty, and that he always arrived on the dot for every official function.

¹⁰ Some connections of time perception with impatience and with feelings of uncanniness have been incorporated in other studies. Cf. Bergler, Edmund: *Psychoanalysis of the Ability to Wait and of Impatience*. *Psa. Rev.*, XXVI, 1939, pp. 11-32, and *Psychoanalysis of the Uncanny*. *Int. J. Psa.*, XV, 1934, pp. 215-244.

woman's hands and she pulled the coracle towards the port. Thereupon they went into a large house in which there was a bed for every couple. The food that was put on the dish vanished not from them. It seemed a year to them that they were there—it chanced to be many years.' ¹¹ (The mythological themes of 'inexhaustible food' and of 'eternal youth' are practically interchangeable.) But homesickness seizes Bran and his fellow voyagers. They return and as soon as they touch the earth of Ireland they become a heap of ashes. Many hundreds of years have passed in what seemed a short time to them. ¹²

In the *Echtra Connla* (Adventures of Connla) the woman from the *sid* (fairly mound) is in love with Connla of the Ruddy Hair. She invites him to the Land of Eternal Youth where she leaves him. 'So she departed and left to Connla an apple, and this was his sole sustenance for a month and yet nothing was diminished of it.' ¹³

Oisín describes the Land of Youth in the following verses:

'Abundant there are honey and wine
And aught else the eye has beheld.
Fleeting time shall not bend thee
Death nor Decay shalt thou see.'

Again we find the golden apple in the hand of the damsel. ¹⁴
When Cuchulinn goes to the fairy mansion

'There is a vat there of merry mead
A-distributing into the household.
Still it remains, constant the custom,
So that it is ever full, ever and always.' ¹⁵

In Mælduin's Voyage, 'for forty nights each of the three apples sufficed them and the apples took care of hunger and

¹¹ Meyer, K. and Nutt, A.: *The Voyage of Bran, Son of Febal*. (Grimm Library, No. 4.) London: David Nutt, 1895, I, p. 30.

¹² *Ibid.*, I, p. 32.

¹³ *Ibid.*, I, p. 145.

¹⁴ *Ibid.*, I, p. 150.

¹⁵ *Ibid.*, I, p. 155.

thirst alike'.¹⁶ The apple of immortality is the mother's breast. In current European folklore we find the same story elements.

In a story of Northeastern Bohemia, a poor woman held her infant with one arm and picked strawberries in the forest with the other. She was thinking of her hard work and poverty when a cave opened suddenly; it was full of gold coins and treasures. She rushed in to get the treasure and when she ran out again she had forgotten the child and the cave was closed. She cried and implored the fairy of the hill to return the infant. But it was all in vain. Next year at the same time when the strawberries were ripe she went again to pick them. Behold, the cave was open and there was the child just as she had left it, playing with an apple, held in its hand. The happy mother pressed the infant to her *breast*, and at home the child told her that the golden apple was the fairy woman's gift, and henceforth the presence of the apple in the cottage protected them from all want and poverty.¹⁷

A mother cannot be continuously with her children. A short period of separation may seem an eternity to the child which feels abandoned. The 'gold' (faeces) is the 'anal magic' of the child during periods of separation. The fairy mother of the child's fantasy is one from whom the child is never separated. The child is in continuous possession of the apple¹⁸ which in all folklore is unmistakably the breast.

At Szöreg and Ó'Szent Iván, if a child smiles and looks at its own nails, it is playing with the golden apple. So long as it does not touch a cat it is playing with the golden apple. The apple is the one the Virgin Mary gave to the infant Jesus. The milk of the mother, used for curative or magical purposes, is called Milk of the Virgin Mary,¹⁹ linking the Virgin Mary's

¹⁶ *Ibid.*, I, p. 169.

¹⁷ Kühnau, R.: *Schlesische Sagen*. Leipzig. Teubner, 1911, III, p. 669.

¹⁸ In Kühnau's collection we find several of these legends. Cf. the one quoted by Hartland, E. S.: *The Science of Fairy Tales*. London: Walter Scott, 1891, p. 176, quoting Grohmann: *Sagen aus Böhmen*, 1883, pp. 29, 289, 296, 298, and Müller: *Siebenbürgische Sagen*. 1885, p. 83.

¹⁹ Kálmány, L.: *Boldogasszony, ősvallásunk istenasszonya*. (*Boldogasszony, a Goddess of Hungarian Paganism*.) Budapest: Magyar Tudományos Akademia,

apple and the mother's breast. The apples of the Hesperides, probably also that of the Garden of Eden,²⁰ and those of Iduna and the Norse gods are such apples of immortality.²¹ Teleut and other heroes lose all track of time while they are feasting.²²

In these myths, the food (breast) eaten by the protagonists makes them immortal. Immortality is lost whenever they eat in the world of reality.²³ The hero returns home from fairyland; he is aged but does not know it. No sooner has he eaten food offered to him by mortals than he falls dead.²⁴ This is not a change, but a persistence of the same theme in another form: the hero has achieved the lasting immortality of the dead, liberated from time and frustration.

Whatever the form, the period during which time stops is always one of pleasurable activity. A man hears enchanting music which lures him to the Otherworld. He has been dancing with the fairies a little while and awakens to discover he has been away for years, and when he is drawn out of the enchantment, he molds away.²⁵

Alice's Adventures in Wonderland provide perhaps the clearest illustration of the victory of oral magic over time. To cite only one striking incident, the Mad Hatter's tea party, it will be recalled that the March Hare and the Mad Hatter were always having tea because, time having stopped, it was always six o'clock.

'If you knew time as well as I do', said the Hatter, 'you wouldn't talk about wasting *it*. It's him.'

1885, pp. 22, 23. On the apple see further Róheim, Géza: *Aphrodite, or the Woman With a Penis* This QUARTERLY, XIV, 1945, pp. 386-387.

²⁰ Cf. Róheim, Géza: *The Garden of Eden*. *Psa. Rev.*, XXVII, 1940, p. 180.

²¹ Meyer, R. M.: *Altgermanische Religionsgeschichte*. Leipzig: Quelle und Meyer, 1910, p. 386. The fairy takes an apple from her bosom and uses it to revive the dead hero. Krauss, F. S.: *Slavische Volksforschungen*. Leipzig: W. Heims, 1908, p. 374.

²² Radloff, W.: *Proben der Volksliteratur der Türkischen Stämme Süd Sibiriens*. St. Petersburg: Kais. Akad. d. Wiss., 1886, I, p. 95.

²³ Hartland, E. S.: *Op. cit.*, p. 189.

²⁴ Rhys, John: *Celtic Folklore*. Oxford: Clarendon Press, 1901, I, p. 155.

²⁵ Hartland, E. S.: *Op. cit.*, pp. 161-165.

'I don't know what you mean', said Alice. 'Of course you don't', the Hatter said, tossing his head contemptuously. 'I dare say you have never spoken to Time.'

'Perhaps not', Alice cautiously replied, 'but I know I have to beat time when I learn music'.

'Ah, that accounts for it', said the Hatter. 'He won't stand beating. Now if you only kept on good terms with him, he'd do almost anything you liked with the clock. For instance, suppose it were nine o'clock in the morning, just time to begin lessons: you'd only have to whisper a hint to Time and round goes the clock in a twinkling! Half past one, time for dinner!'

The Alice who 'beats' Time is the impatient infant waiting for oral gratification and experiencing both aggression and reality at the same time. Being on good terms with Time ensures continuous oral gratification, time for dinner. Trouble had started when the Mad Hatter, who was singing about a 'tea tray in the sky', was 'murdering time'; whereupon the Queen (frustrating mother) said, 'Off with his head'. Here we have a literal statement of the sequence: time-suspense-hunger-child's aggression directed against the mother and the mother's retaliation against the child. Time and oral frustration are combined associatively when the Mad Hatter mends his watch with the very best butter, and when gloomily he dips it into his cup of tea. The Dormouse, who has overcome time not by eating but by sleeping, when he wakes up eventually, tells a story about people who lived in a treacle well.

TIME IN PRIMITIVE AND ADVANCED CULTURES

There can be no doubt about the fact that there are differences in the way primitive races, European peasants, country squires, and city dwellers behave in their reactions to time.

At the bottom end of the scale, the relationship of the stone age people of Central Australia to time seems practically nil from our point of view. Whether something happens now or several months later does not matter very much. They have nothing like planning for the future, no means of producing

or of storing food. They are never worried that they will have to go without food. They have a word for day, for month and for the year, but no calendar. Their attitudes towards numbers and quantities are parallel phenomena. Enumeration ends with four. Any number that exceeds four is 'a big mob'. They readily exchange one object for another, and have no definite quantitative system of values.

A previous interpretation of these facts²⁶ relating them to the absence of anal character formation is partly correct only as it refers to cleanliness. The relative absence of anxiety about time is certainly correlated with the fact that they have very permissive and good mothers; however, that their religion and ritual contains denials of time strongly suggests a substratum of anxiety even in this primitive society. The gods or ancestors of these tribes are the 'eternal ones of the dream'. Every human being has an immortal double who lives eternally in the totemic case (womb) and who is identical with the mythical father or ancestor who eternally 'procreates' his sons by throwing a symbolic penis (*tjurunga*) at the women. These eternal ancestors are represented ritualistically by the old men of the tribe who during the ritual are believed literally to become the ancestors whom they represent. The representation of these 'eternal' beings is a countermeasure against separation anxiety (primary frustration).²⁷

By contrast, on Normanby Island, an agricultural community, the life of the natives revolves around the idea of food, especially the yam. They have an agricultural calendar with lunar months named chiefly in accordance with phases of agricultural work. Their sense of time is, as one would expect, stronger. They prepare for food distribution ceremonies within a certain period, and they store food to last them for a certain period. The mothers are hostile to the children, each child being really unwanted.

²⁶ Róheim, Géza: *Psychoanalysis of Primitive Cultural Types*. Int. J. Psa., XIII, 1932, p. 84.

²⁷ Cf. Róheim, Géza: *The Eternal Ones of the Dream*. New York: International Universities Press, 1945, p. 149.

The obsessional overevaluation of time appears in our culture in part as a striving to achieve mastery over infantile disappointments. Prominent anal determinants ('Time is money') derive from that important phase of the infantile fantasy of omnipotence associated with the sense of power in yielding or withholding the content of the rectum. The measurement of work and of compensation for it stems from a gradual molding of social reality by the autonomous magic of the human body.

The nuclear element in the calendar is the moon. The interlunium is a period of anxiety, and the reappearance of the moon an occasion for rejoicing. At the new moon the natives of Normanby Island clap their hands on their half open lips intermittently producing the sound u-u-u. They repeat, 'My prey, big, come up!' to ensure success in hunting, and in the hope of growing as fat as the moon. In the neighboring Ferguson Islands it is the children who watch for the new moon rising to greet its appearance with a loud u-u-u, beating their mouths with their fingers.²⁸ Among the Nandi when children see the new moon they spit at it and say, 'Welcome moon! If thou eatest anything may it choke thee. If I eat anything may it do me good.'²⁹ When a Masai sees the new moon he throws a twig at it and says, 'Give me long life; Give me strength.' When a pregnant woman sees the new moon she milks some milk into a small gourd which she covers with green grass and then pours it in the direction of the moon saying, 'Moon, give my child safety'.

In these and many other instances, the moon represents the maternal object with the emphasis on object-loss in the interlunium and rejoicing with lip-play and references to food when the moon reappears. The attitude towards the disappearing and reappearing mother symbol is ambivalent. Its disappearance, for example, is ascribed to its being eaten by a

²⁸ Jenness, I. and Ballantyne, H.: *The Northern d'Entre-Castreaux*. Oxford: Clarendon Press, 1920, p. 160.

²⁹ Hollis, A. C.: *The Nandi, Their Language and Folklore*. Oxford: Clarendon Press, 1909, pp. 122, 123.

demon, the demon of the eclipse representing the child. The Masai and other Northeast African tribes reckon the month from the days during which the moon is invisible,³⁰ the nights of greatest anxiety.

The classical home of the calendar is Babylonia. The Babylonian calendar of Hammurabi marked the seventh, fourteenth, twenty-first and twenty-eighth days—which divide the lunar phases—as days of evil.³¹ A change in the moon causes anxiety. In all these regulations, however, the moon is less a maternal object than a symbol of the king. Very frequently the moon represents something with which the male identifies in his relationship to the female. Identification and object relationship originally converge in a dual unity. The regulations for the seventh day read: 'An evil day. The shepherd of great peoples (king) shall not eat flesh cooked upon the coals, or bread of the oven. The garment of his body he shall not change, he shall not put on clean garments.' The nineteenth day would seem to have been particularly taboo, for then the king was not supposed to eat anything touched by fire. Although the taboo extends to other aspects of life as well there seems to be special emphasis on food and fire as with the Hebrew Sabbath.³² The *shabattum* in Babylonia was the full moon and, according to Jastrow, was the equivalent of *um nukh libbi* which was a standard expression for appeasing the anger of the deity. *Shabattum* is therefore a day of propitiation.³³ It is not quite clear whether, as Jastrow implies, the gods cease their anger, or whether the human beings refrain from provoking the anger of the gods.

In Babylonian calendars certain days are called *nubattu*, a term signifying rest, pause, especially, a 'god's connubial rest with his consort goddess'. The observance of such days prohibited attending to important diplomatic missions or setting

³⁰ Hirschberg, W.: *Die Zeitrechnung der Masai und verwandter Völker*. Ztschr. f. Ethnologie, LXV, 1933, p. 244.

³¹ Webster, H.: *Rest Days*. New York: The Macmillan Co., 1916, pp. 223-225.

³² *Ibid.*

³³ Jastrow, M.: *The Original Character of the Hebrew Sabbath*. Amer. J. of Theology, II, 1898, pp. 316, 351.

out on a journey. 'It is quite possible that *shabattum* and *nubattum* are from the same root.'³⁴ The day would seem unconsciously to signify the opposite of rest—the *coniunctio* of the parents—and activity taboo because of the anxiety associated with the primal scene. In ancient Athens the new moon was the marriage of the sun and the moon.³⁵ If time signifies separation from the mother to the nursing infant, the primal scene is especially charged with such painful significance.

Anthropological data confirm the interpretations of clinical observation. The passage of time symbolizes the period of separation. Observation of the phases of the moon and other phenomena are based on this anxiety. Timelessness is the fantasy in which mother and child are endlessly united. The calendar is an ultimate materialization of separation anxiety.

³⁴ Johns, C. H. C.: *Encyclopædia Britannica* (Eleventh Edition), Vol. XXIII, p. 961. The last days of the month are the days of ravishment of the moon god, when the moon descends into the lower world. Langdon, S.: *Babylonian Menologies and the Semitic Calendar*. London: The British Academy, 1935, pp. 81-82.

³⁵ Roscher, W. H.: *Über Selene und Verwandtes*. Leipzig: Teubner, 1890, p. 77.

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LIST OF ENGLISH TRANSLATIONS OF FREUD'S WORKS

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What follows is intended to be a complete list of all of Freud's writings that have been published in the English language up to the end of August, 1945. In compiling the list I have been especially indebted to Dr. John Rickman's *Index Psychoanalyticus 1893-1926* (London, Hogarth Press, 1928) for the period which it covers. I have also made use of the very full Freud bibliography, extending to about the year 1930, compiled by Dr. K. Bühler and included in *The Psychological Register* (ed. Carl Murchison) III, 591-605 (Worcester, Mass., Clark University Press; London, Humphrey Milford, 1932). A subsequent list, also due to Dr. Rickman, will be found at the end of his *General Selection from the Works of Sigmund Freud* (London, Hogarth Press, 1937; reprinted in *Civilization, War and Death*, same editor and publishers, 1939). This carries the list of translations down to July, 1937, but records only the English titles.

It may be of interest to give some approximate indication of the proportion of Freud's writings that remain untranslated into English. The list below contains nearly a hundred and fifty items. Of these some twenty represent self-contained volumes, while another eighty are comprised in the four volumes of the *Collected Papers*. This leaves about fifty that have not hitherto been brought together in volume form, though more than half of these (including almost all the more important ones) are to be found in the pages of the *International Journal*. Compared with this total of a hundred and fifty translated books and papers, there are about fifty items in the two German collected editions which have never been published in English. These vary greatly in length, though they are for the most part very short and none of them is of great scientific interest. Finally, in addition to these, there are about thirty books and papers which belong to Freud's pre-psychological period and are not included in the German collected editions. One

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of these was in fact his first work to appear in English and will be found at the head of the present list.

The list has no pretensions to bibliographical completeness in the technical sense: its aim is purely utilitarian—namely, to make it easy for an enquirer in search of any particular work to lay his hands on the original and its translation. No attempt has been made to enumerate successive editions either of the originals or of the translations. The references to the German originals are in most cases limited to the *Gesammelte Schriften* and to the more complete *Gesammelte Werke* which are now in course of publication. In the case of the translations, the reference is usually, where possible, to one edition each (by choice a fairly recent one) in England and America. At the present time, of course, many of the books are out of print in both countries. Anyone who requires fuller bibliographical information, whether about the originals or about translations into English or other languages, may be referred either to the *Index Psychoanalyticus*, to *The Psychological Register* or to the bibliographies appended to each volume of the *Gesammelte Werke*. The first volume of the latter is to include a list of Freud's pre-analytical works drawn up by the author himself and originally published in Vienna in 1897; this has already been reprinted in I.Z.P. 25 (1940), 69–93.

The entries are arranged in roughly chronological order and are numbered for convenience of reference. The dates introducing each entry are those of the original German publication, except in a few instances where the date of writing has been preferred. Where two or more translations have appeared of the same work, they are distinguished by letters; only in the case of the longer works have the names of the translators been specified. Titles of *books* are in italics; titles of *papers* are in quotes.

Any corrections and additions to the list will be gratefully received. It is scarcely necessary to add that inclusion in it is no guarantee of the accuracy or elegance of a translation. The versions are in fact highly variable in these respects.

Finally, I must express my thanks to those who have helped me with information and criticism, and in particular to Dr. W. Hoffer; and to Dr. Gosselin and the staff of the PSYCHOANALYTIC QUARTERLY, who, though in no way responsible for any errors in the final result, have taken the most generous trouble in verifying the American data.

ABBREVIATIONS

- G.S. = Freud, *Gesammelte Schriften* (Vienna, Internationaler Psychoanalytischer Verlag, 1924-34, 12 vols.).
- G.W. = Freud, *Gesammelte Werke chronologisch geordnet* (London, Imago Publishing Co., 1940-, to be completed in 18 vols. Vol. XVII of this is identical with Freud, *Schriften aus dem Nachlass*, same publishers, 1941. References in the following list to volumes not yet published are printed in brackets.).
- C.P. = Freud, *Collected Papers* (London, Hogarth Press, 1924-5, 4 vols.).
- S.P.H. = Freud, *Selected Papers on Hysteria* (New York, Nervous and Mental Disease Monographs, third, enlarged, edition, 1920).
- I.J.P.A. = *International Journal of Psycho-Analysis* (London).
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- (114) 1925 'Josef Breuer'. G.S. XI, 281-283; (G.W. XIV).
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- (147) 1939 *Der Mann Moses und die monotheistische Religion*. Amsterdam, Allert de Lange, 1939; (G.W. XVI)
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APPENDIX: EXTRACTS, ABRIDGEMENTS, ETC.

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- (B) 1931 *Modern Sexual Morality and Modern Nervousness*. Ed. W. J. Robinson. (Unauthorized.) N.Y., Eugenics Publishing Co. Extracts from No. 28.
- (C) 1937 *A General Selection from the Works of Sigmund Freud*. Ed. J. Rickman. (Authorized.) L., Hogarth Press. Extracts from Nos. 9, 37, 44, 48, 51, 61, 67, 68, 73, 79, 89, 92, 102, 110 and 117(c).
- (D) 1939 *Civilization, War and Death*. Ed. J. Rickman. (Authorized.) L., Hogarth Press. No. 135 and extracts from Nos. 65(b) and 129.
- (E) 1941 *The Living Thoughts of Freud*. Ed. R. Waelder. (Unauthorized.) N.Y., Longmans; L., Cassell (withdrawn). Extracts from Nos. 77(b), 80, 112, 119, 133, 144 and 147.

BOOK REVIEWS

FREUDIANISM AND THE LITERARY MIND. By Frederick J. Hoffman.
Baton Rouge: Louisiana State University Press, 1945. 346 pp.

When in 1895, Breuer and Freud published their *Studies in Hysteria*, reviewers in medical journals were noncommittal. Doubt and approval were equally balanced. Many reviewers were interested in a new therapeutic approach; some were more encouraging than others, but none recognized the importance of the publication as the herald of the new psychology. One review only made this point—one published not in a medical journal, but in a daily newspaper under the title, *Surgery of the Soul*.¹ Its author was a poet, literary historian and dramatic critic of some merit. From the extensive writings of Alfred von Berger, director of the Imperial Theater in Vienna, who died in 1912, it may well be that this one review will survive longest. Berger followed the authors with deep admiration through their lengthy case histories which reported 'how experience and memories are structured in the mind of the individual' and added that 'we dimly conceive the idea that it might one day become possible to approach the innermost secret of the personality of man'. 'The theory itself', Berger continued, 'is in fact nothing but a kind of psychology used by poets'. Not only, he observed, had Shakespeare expressed thoughts similar to those of the authors; he had even based the psychological development and the catastrophe of *Lady Macbeth* upon concepts similar to those suggested by them. *Lady Macbeth* suffers of a regular defense neurosis from forcefully banishing from her awareness the affects of horror and anxiety at the murder of Duncan and at Banquo's apparition.

Through this, and other examples, Berger indicated the possibility that some of the dynamic principles developed in Breuer and Freud's study might serve to explain action and demeanor of characters in fiction; thus he was the first to sketch the possibilities of what was later to become a field of extensive studies. It is meaningful that a writer and not a scientist should have been the first correctly to appraise the greatness of the freudian discovery from its initial and tentative presentation.

¹ Cf. *Neue Freie Presse*, Vienna, December 2, 1895; partly republished in *Psychoanalytische Bewegung*, IV, 1932, pp. 73, ff.

Freud's predecessors in the study of man were not the neurologists, psychiatrists and psychologists from whom he borrowed some of his terms, but rather the great intuitive teachers of mankind. When writing the *Studies in Hysteria*, Freud suddenly became aware of this ancestry:

'I have not always been a psychotherapist, but like other neuropathologists I was educated to methods of focal diagnoses and electrical prognosis, so that even I myself am struck by the fact that the case histories which I am writing read like novels, and as it were, dispense with the serious features of the scientific character. Yet I must console myself with the fact that the nature of the subject is apparently more responsible for this issue than my own predilection. Focal diagnosis and electrical reactions are really not important in the study of hysteria, whereas a detailed discussion of the psychic processes, as one is wont to hear it from the poet, and the application of a few psychological formulæ, allows one to gain an insight into the course of events of hysteria.'²

Long after the few psychological formulæ had developed into an intricate system of propositions tested and retested in more than thirty years of clinical work and verified by manifold types of experimental procedures, Freud returned to the comparison of his insight with the poetic mind, or more generally speaking, with psychology by intuition. He refers to the prerogatives of the few to whom 'it is vouchsafed . . . with hardly an effort to salve from the whirlpool of their own emotions the deepest truths to which we others have to force our way ceaselessly groping amid torturing uncertainties'.³

In the early days when clinical experiences were scant and workers few, the testimony of established genius and the psychoanalysis of fiction helped to establish the ubiquitous validity of some hypotheses, thus contributing to the elimination of the frequently spurious distinction between normal and abnormal in matters psychological. At no time since have psychoanalysts ceased to turn gratefully, from time to time, to great creators in literature. When drafting a somewhat Utopian curriculum for students of medical psychology, Edward Glover included the reading of selected

² Breuer, Josef and Freud: *Studies in Hysteria*. Trans. A. A. Brill. New York: Nervous and Mental Disease Monograph Series No. 61, 1936, p. 114.

³ Freud: *Civilization and Its Discontents*. New York: Jonathan Cape and Harrison Smith, 1930 p. 122.

works of fiction among the essential prerequisites.⁴ Others point to characters in fiction to illustrate the meaning and general validity of clinical findings. Helene Deutsch recently incorporated a rich selection of examples from older and more recent novels in her extensive and detailed clinical compendium of *The Psychology of Women*.⁵ The vision of the novelist is, one might say, sometimes more to the point than life itself, as it is accessible to the clinician. The writers' vision has sifted what at first appears to the clinical observer to be an overwhelming mass of data; the writer gives the problem in a simpler but also in a purer version. While this is particularly suited for the purpose of illustration and demonstration, in its present stage of development psychoanalytic clinical research can only in exceptional cases be based on any evidence other than clinical data, preferably obtained in the psychoanalytic interview, because it alone gives access to the full detail of interacting dynamic and genetic factors towards which the most essential part of current psychoanalytic research is directed.⁶

In marginal areas, however, there are problems of research which might well be presented in better perspective were the testimony of the literary mind to be taken fully into account. Some of the propositions of 'culturalism', for instance, pay little attention to the survival of literary values in the widest sense, and more specifically to the spread and variety of literary patterns through time and space, factors which seem to stimulate the quest for a more detailed differentiation of relatively constant from relatively less constant character traits.

Touching thus in passing on the question of what psychoanalysis owes and may owe in the future to contact with the literary mind, interest is centered here on what the literary mind owes to the scientific discourse on men's motivation. How has the literature of his age been influenced by the work of Freud and his pupils? The question is obviously broad. The influence of psychoanalysis has permeated western civilization at various levels. In medicine the psychosomatic approach has reestablished the unity between body and

⁴ Glover, Edward: *Medical Psychology or Academic (Normal) Psychology; Problem in Orientation*. Brit. J. of Med. Psychology, XIV, 1934, pp. 31-49.

⁵ Deutsch, Helene: *The Psychology of Women*. New York: Grune & Stratton, Vol. 1, 1944; Vol. II, 1945.

⁶Cf. in this connection, Greenacre, Phyllis: *Conscience in the Psychopath*. Amer. J. of Orthopsychiatry, XV, 1945, p. 504.

mind, and psychoanalytic treatment itself has made curable what at no previous time had been classified as illness—deformities of character, proclivity to unhappiness. In social welfare and education, techniques have been developed which, though not always explicitly credited to the influence of psychoanalysis, are clearly derived from its correctly or incorrectly interpreted hypotheses. Variegated as it is, the influence reaches down into our daily life, into our everyday parlance, or to our everyday dealing with our fellow man, where common sense has added to its equipment some of the more obvious connections established by the clinician. The writer who depicts this world is naturally tempted to refer explicitly to the colors which psychoanalysis has thus added to the picture, and the psychoanalyst has become a fixture on the stage, on the screen, in the novel, and in the thriller.

All this is superficial. The more important questions arise from the challenge of Freud's discovery of a scientific method for uncovering the essential problems of mental life to writers and critics. A detailed or comprehensive investigation of this complex question is, as yet, lacking. It should indeed be a task for the student of comparative literature, since writers of all nationalities and all schools have responded in various ways to this challenge. While a number of essays and general discussions have been devoted to the subject, frequently linking Freud and Marx as sources of stimulation for writers, it seems significant that of two monographs devoted to the subject, the one deals explicitly, the other predominantly, with writers in the English language, American, British and Irish.

The one is the subject of this review. The second of these monographs⁷ has passed unacknowledged in psychoanalytic literature. A German doctoral dissertation published in 1934, but written before the National Socialist accession to power, it enumerated at great length, and with the care incumbent upon the candidate at that solemn occasion, those British poets of the twentieth century who referred in any sense to Freud. The author, Dr. Hoops, tried to establish the length of time they remained under Freud's influence. He assumed, at the time of writing, that the psychoanalytic 'wave' was declining, and wrote as one who dealt with an outmoded

⁷ Hoops, Reinald: *Der Einfluss der Psychoanalyse auf die englische Literatur*. Anglistische Forschungen herausgegeben von Dr. Johannes Hoops, Vol. 77, Heidelberg, 1934, 234 pp.

literary fashion. He discussed the works of authors as divergent from each other in level and performance as May Sinclair, D. H. Lawrence, J. D. Beresford, Hugh Walpole and W. Somerset Maugham; also Joyce, Virginia Woolf, Rebecca West, Rose Macauley and Aldous Huxley. Hoops wrote to many of these authors. Some of their replies are significant. Aldous Huxley preferred 'Professor Jung, who seems to me much the best as a psychologist—good enough to be a novelist'. Others disclaimed any familiarity with psychoanalytic writings, and the careful author concluded that they were not therefore 'influenced' by Freud. A case in point is Virginia Woolf, who stated she had become familiar with psychoanalysis only through ordinary conversation. Dr. Hoops overlooked the fact that Leonard and Virginia Woolf were Freud's publishers in England. But neither this, nor the fact that Miss Woolf's brother is one of England's most distinguished psychoanalysts, need be quoted to understand that the 'ordinary way of conversation' to which Miss Woolf referred had some considerable influence on the formation of one of the great literary minds of Freud's century.

The present contribution by an American scholar, which strangely enough does not refer to Hoops's previous publication, covers somewhat similar ground. The author, Dr. Hoffman, of the English Department of Ohio State University, has presented a serious and valuable effort. The book starts with a summary of Freud's main theories. It is carefully phrased, cleverly compiled, and based on the whole of Freud's published work. Hoffman is aware of the fact that so formidable a task as a summary of Freud's views is unusual among experts in other fields. In discussing the widespread misunderstanding of psychoanalysis, Hoffman refers to those who misuse psychoanalysis by glancing at one or several of Freud's writings which they misleadingly quote out of the theoretical context. He stresses the fact that most popular views on psychoanalysis are still based on Freud's earlier clinical writings. 'A person who comes to a man's writings some years after they have been completed', Hoffman says, 'has an advantage which a contemporary rarely enjoys'. Dr. Hoffman has availed himself of this advantage. However, he is not satisfied with presenting freudian theory as developed in Freud's writings as a basis for his investigation. Rather, he proceeds to analyze in detail the spread of psycho-

analysis among the American lay public, and especially its dissemination among literary people.

Walter Lippmann's early homage to psychoanalysis in the New Republic of 1914, his reflections on its importance in his Preface to Politics, are woven into a vivid picture of American intellectual life, of Greenwich Village, where, invited by Lippmann, Dr. Brill appeared in Mabel Dodge Sterne's drawing room. The subsequent reaction of the 'little magazines' is discussed, and it appears that as a convenient device, Hoffman consulted the index of the New York Times to quote from letters to the editor and other source material, thus offering a stimulating account of the reaction to psychoanalysis in the 1920's, with all the misunderstandings which, to quote Lippmann, 'are all concomitant of drawing-room psyching'.

Bloomsbury, no less than Greenwich Village, reacted to the challenge of freudian thought. Hoffman's information on this response is fragmentary. He omits any reference to Ernest Jones's extensive publications which, by their very topics, were bound to influence the 'literary mind', and to the work of Jones's early collaborators and students who presented psychoanalysis to the intellectual public in Britain.

Hoffman's attempt closely to establish the way in which psychoanalysis was spread among the lay public deserves special attention. He is not satisfied to demonstrate that the influence existed, but carefully establishes the media which transmitted psychoanalytic insight and the distortions to which it was exposed.

'Thus *repression* as Freud defined it lost much of its original meaning in a discussion; but it gained new cultural ingredients from the particular area in which it found an audience. The single term repression, therefore, suffered a variety of changes, which may be formulated as follows: Freud's definition of the term: *Repression*, *minus* what has been lost through hasty generalization or inadequate knowledge of its source-meaning, *plus* cultural ingredients which have been attached to the already altered concept, *equals* repression as American convention imposed upon free sex expression, or *neo-Puritanism*.

The factor of metaphor must also be considered. Hence the *mechanism* of repression was often replaced by the picture of a *repressed person*, or a repressed people. In the matter of an amateur or æsthetic usage of a term, the example is more important than the term it is designed to illustrate; and the term acquires the qualities of its illustration, and loses its original accuracy of "abstract purity" (pp. 86-87).

Hoffman does not overlook that the historian's task is not limited to the surface. However valuable it is to know what books on psychoanalysis Dylan Thomas, Ludwig Lewisohn and Conrad Aiken have read, or with what psychoanalysts they had contact, these are only part of the historian's data. Freud's discoveries did not, as it were, hit the trends of literary development from the outside. Their influence on 'the literary mind' would be inexplicable had not the previous development of literature turned in a direction which created favorable predispositions for this influence.⁸ Hoffman devotes a brief chapter to this problem. Following Thomas Mann's lead, he considers Schopenhauer, Nietzsche and Dostoyevski as 'Freud's precursors'. One misses, however, references not only to the traditions of German romanticism, and to the widespread interest in the unconscious in its philosophy and science, but also to precursors in other countries of western civilization. Among English writers, one might have expected to find at least a discussion of Samuel Butler. Preëminent among his contemporaries, he anticipated many of the ideas of C. G. Jung, with no less fantasy but surely with greater charm.

No historical account of forebears of psychoanalysis can possibly be complete without reference to France, the mother country of modern psychiatry. It can hardly have been an accident that the literary expression which by its essence comes closest to the method of free association stems from France: the 'stream of consciousness' novel, in which the preconscious reverie becomes the paramount way of expression. It was introduced by Eduard Dujardin in 1887, in his novel, *Les Lauriers sont Coupés*. It might be worth mentioning that early in the twentieth century this technique was used by a Viennese writer, Arthur Schnitzler, who early in his career as a young physician, had become acquainted with Freud's work. Hoffman discusses the spread of the stream of consciousness novel in English and American writings, and throws some light on the problem of reverie in general; he might have supported his argumentation by drawing on the material and the suggestions contained in Varendonck's remarkable book on the daydream (1921), a work whose merits tend to be underrated even by psychoanalytic writers.

⁸ For trends in the literature of the seventeenth and eighteenth century which prepared the way for the later interest in psychopathology, see Praz, Mario: *The Romantic Agony*. London: Oxford University Press, 1933.

Hoffman's presentation is most successful where the analysis of individual writers is concerned. Particularly the essays devoted to Sherwood Anderson and James Joyce are illuminating and inspiring. So are those on Thomas Mann and Kafka; however, one does not quite understand why they should have been included. Had the attempt been made to represent freudian influence on German writers as thoroughly as his influence on writers in the English language, others would have had to be mentioned: Hermann Hesse, Robert Musil, Hermann Broch, Albrecht Schaeffer, to name only a few. Had Hoffman's thesis included the freudian influence in the German literature of his age, one would find it hardly understandable why the reaction of French or Italian writers and poets to the same challenge should have been overlooked. Briefly, it seems that Hoffman would have been better advised to limit his presentation to those fields where his original research laid a firm foundation: the American scene.

The greatest merit in Hoffman's approach lies in the attempt sharply to distinguish between the scientific function of Freud's hypotheses and the use which the writers make of them. The autonomy of the writer's creation, his social function, has been stressed by many who tried to approach the study of literature with psychoanalytic insight. Hoffman follows a path on which Herbert Read, Edmund Wilson and Kenneth Burke have preceded him. He has elaborated in great detail and with supreme skill their views. He has neglected to explore the host of contributions to his subject that are contained in psychoanalytic journals that frequently deal with writers whose work he discusses. It is even more regrettable that such classical contributions as those of Hanns Sachs and Ernest Jones escaped his attention.

Within the confines of literary criticism itself at least the work of two men might have offered Hoffman additional stimulation. These are the essays of the Swiss literary historian, Walter Muschg, who discussed the relationship of psychoanalysis to literary criticism in broad historical perspectives, and the brilliant books of the Englishman, William Empson, who has embodied Freud's findings on overdetermination in his concept of poetic ambiguity. In their work, and in Hoffman's valuable book, psychoanalysis has become a tool of the critic. No attempt is made to transform criticism into psychological analysis, but rather to use the new scientific psychology in the setting of the critic's assignment. There

is some reason to believe that whatever integration has been achieved will be enlarged and improved in years to come. The more clearly established and the better presented psychoanalytic hypotheses become, the more are they likely to be useful to those who attempt to apply them.

ERNST KRIS (NEW YORK)

OUR AGE OF UNREASON. A Study of the Irrational Forces in Social Life. By Franz Alexander. Philadelphia and New York: J. B. Lippincott Co., 1942. 371 pp.

This book essays a psychoanalytic diagnosis and therapy of the conditions which determine the belligerent uneasiness of our era. In the first part of the book the author presents a short and quite hasty history of political theories. The second part contains an outline of psychoanalytic theory, 'somewhat different from traditional presentations' of this subject. The third part consists of an 'analysis of the emotional structure of democratic and totalitarian systems and especially of America' which leads to the therapy recommended by the author: educational development of desirable psychological attitudes which are intended to break dangerous political and economic habits of mankind. Such desirable new attitudes which should become universal are, according to the author, conscientious international coöperation; abolition of adolescent competitiveness to make place for more mature creative social activities; development of new standards of values erecting the ideals of knowledge, art, the amenities of everyday life besides the present primitive ideal of material success; recognition of the greater necessity in our time to develop the social sciences rather than to press further technical advances.

One may wonder why the author should press into service the instrument of psychological interpretation when dealing with such a protean subject as socio-economics and political organization, if no other conclusions than the above-mentioned can be reached—conclusions which are evident to any conscientious student equipped with mental independence and a sound general education. The reviewer agrees with Zilboorg who emphasizes¹ that 'psychology cannot cure the economic and cultural forces of our

¹ Zilboorg, Gregory: *Affects, Personal and Social*. This QUARTERLY, XIV, 1945, pp. 28-45.

society . . . any more than economics can cure an anxiety neurosis.' I would go further and say that psychology alone cannot even diagnose those social evils. But in view of the fact that I consider Alexander's recommendations reasonable and that I sympathize with his social criticisms to a great extent, I would like to say nothing but praise about his book, although I am very sceptical about the effectiveness of educational persuasion of the masses of human beings. But there are many flaws and fallacies in Alexander's reasoning, and I have to point out a few of the most important ones.

Almost one fourth of the historical first part of the book is devoted to the political philosopher Vilfredo Pareto. Pareto states that social behavior is motivated by irrational factors, and that rightly or wrongly politics is the exercise of power; that philosophical rationalizations of this struggle for power are merely window dressings, and that the logical or factual soundness of these rationalizations has no part in their persuasiveness, as people accept only what they want or are forced to accept, including the leading theorists themselves. Alexander accuses Pareto, who asserted merely that force is the effective political factor, of having written the 'Koran of the new era of violence'. Such a confounding of 'force' and 'violence' is not permissible; and far from preaching the application of violence, Pareto did not even preach force. He merely stated its political effectiveness. He failed to explain why some rulers or ruling classes, having the power, sometimes do not apply it, as for instance Louis XVI. This failure to investigate the conditions which engender the use of force, considering it instead solely a sign of 'vitality', makes Pareto's philosophy a one-sided affair, and opens the way for further investigation. But he certainly was not that satanic preacher of violence which Alexander makes him out to be. According to my sources of information, Alexander's statement that Pareto became 'the official philosopher of Fascism' is incorrect. Pareto declined such an offer by Mussolini, not wanting to have anything to do with practical politics. That the Fascists (and Alexander) appropriated Pareto, making him an apostle of violence, is not Pareto's fault. Alexander, in addition, takes unwarranted liberties in interpreting Pareto's secret motivations. Even if his philosophy were a rationalization—as any mental effort is in the last analysis—this is not an argument against its validity. In the same manner in which Alexander interprets Pareto's philoso-

phy as a rationalization of a mentality of political bravado, one might conceivably interpret Alexander's philosophy as the rationalization of a bourgeois mentality.

Another fallacy is Alexander's new formulation of libidinal and destructive drives as the two principles of 'surplus' and 'inertia', on the basis of the biological process of life consisting in growth toward maturation, reproduction, and decline. His way of reasoning from generalized biological facts I consider a very typical example of *Naturphilosophie* which we had all hoped was long since dead. If, as Alexander himself concedes, our old concepts of drives are 'abstract and metaphysical', then the thing to do is to abandon them, and not to dress them up 'biologically' which does not do away with their abstract and metaphysical nature.

A hypothetical 'inertia principle' is used by the author to explain 'cultural lag', i.e., the fact that our technical and scientific progress is far ahead of our social development. Why it is easier to conquer physical nature than it is to conquer human nature does not call for any mystical principle as an explanation. If there is a place to apply psychoanalysis to sociological problems, it is here: to analyze the resistances against necessary adjustments. Emotional motivations, e.g., selfish interests which prefer exploitation to readjustment, or fears and anxieties which make reliance on the honesty and insight of the other contracting party a very hazardous factor, etc., offer much more realistic explanations for the 'cultural lag'.

Alexander has also—and this is perhaps the greatest fallacy—a naïve belief in the power of conscience. He believes that if reason convinces us of the right procedure, conscience will finally make us proceed according to reason. Alexander argues as if he were convinced that the superego as such has the power of a 'drive'. This demonstrates the unreliability of any drive concept: *post hoc ergo propter hoc*. The 'driving force' of the superego is the result of force applied by the parents to make the child accept reason.

We have to face the inescapable fact that reason has to be enforced in order to give it power to motivate human behavior. At this point we find ourselves again where we started: what is reasonable enough to deserve being enforced? More often than not we wind up with the recognition that what is effectively enforced becomes convincingly reasonable. Which is first, the hen or the egg, force or reason? The truth probably lies between

Pareto and Alexander: real force has reason, without which it is merely violence; and real reason has force, without which it is merely intellectual diffidence, unconvinced and unconvincing.

Thus there is a constant process of force and reason testing one another. Some applications of force create ideas, and some ideas create force. But we never know beforehand which: it is a process developing along the line of trial and error. That there are so many errors before force and reason find and legitimate one another is the true source of human suffering.

CARL M. HEROLD (NEW YORK)

A PSYCHOLOGIST LOOKS AT LOVE. By Theodor Reik. New York: Farrar & Rinehart, 1944. 300 pp.

When a psychoanalytic author takes a bite out of Freud it is no longer news; but when he takes his piece to the marketplace to chew in the noonday sun it is sometimes a nuisance. A reviewer has to be sent out to bite the author and this is at best an unpleasant task, especially when the author happens to be a person of Theodor Reik's achievements.

But in this book Reik really sticks his neck out. Tackling a topic which in one form or another has been one of the main subjects of exploration for two generations of his colleagues, he feels that the reader is entitled to a prefatory explanation. This he supplies without a trace of false modesty when he opens with the announcement that he is about to bring before the public a discovery that has thus far eluded all other psychologists and psychoanalysts including Freud, his great master whom he deeply reveres but with whom he must courageously disagree. Freud particularly, it turns out, was curiously blind to the truth when he confused love with sex. What Reik is going to demonstrate is that the two have little to do with each other.

The author's thesis, to which he arrives after a somewhat wearing series of introductory drum rolls and flourishes, runs something like this: our first love object is neither ourselves nor anyone else: it is our imaginary idea of what we would like to be, our ego ideal. This ideal derives from our notion of what our parents (who are not yet love objects but whose love, paradoxically, we are eager to retain) would like us to be. Our next love object is a person embodying this ideal whom we first admire and envy,

then unconsciously hate. Love supervenes as a reaction formation to save the situation. When our egos have suffered a loss, a diminution, or a hurt, we are most liable to fall in love.

Psychoanalysts may perceive a connection between the crux of this idea—the need to love a person who embodies our ego ideal—and a type of object choice described by Freud in his paper on Narcissism. But whereas Freud saw this as only one of a variety of types of object choice developing within the framework of the needs and capacities to love conditioned by one's childhood relations and experiences, Reik claims that all love has these essential characteristics, and he devotes three hundred pages of restless prose to an attempt to compress the entire phenomenology of love into this mold. The result, as one might anticipate, is a considerably less dynamic version of the rich, complex and poignant drama of love and its disturbances than has been revealed to us through earlier researches. Some idea of the new version can be gained from the fact that in the entire book there is no mention either by name, content or inference of the œdipus complex, and only one slighting allusion, when the book is almost two-thirds over, to the possible importance of one's early infantile treatment at the hands of the mother. One is led to wonder what the author, who claims to have based his conclusions on psychoanalytic observation, has uncovered in the transference situation; but Reik leaves room for legitimate doubt as to whether he conceives at all of the phenomenon of transference in what he styles 'Neo-psychoanalysis' which is, according to him, 'not psychoanalysis with a difference, but a different kind of psychoanalysis'.

It would be unjust to state that the book contains nothing of value, but it is doubtful whether it is worth any psychoanalyst's while to plow through pages of counterrevolutionary pamphleteering in order to come upon an occasional insight of some worth. Such insights, moreover, sometimes turn out to have been rather well expressed by other authors (and expressed with pertinent qualifications) despite Reik's flat assertion that he has not yet met any theories resembling his and that outside of Plato, whom we would have to go back almost twenty-four hundred years to meet, he has not had any predecessors in the concept of love he has created. In the light of such an assertion it is somewhat disconcerting, for instance, to find that if one stops as far short of Plato

as 1934 A.D., one can come upon uncanny parallels between Reik's contention that the urge to attain one's ego ideal and the tendency to project this ideal on to an external object is related to the phenomenon of tender love, and surprisingly similar notions set forth by Jekels and Bergler in their paper on Transference and Love (*Imago*, XX, No. 1).¹ While it is perhaps vain for an author to quibble over the matter of priority on every point discussed, it is nevertheless comforting to a reader to know that his author is in the habit of at least making passing acknowledgments where such can be made without too much bother. Instead, the reader will not be too happy to find that in this book Reik is somewhat unpleasantly given to interlarding his arguments with gratuitous and tasteless aspersions of other psychoanalysts, in one place, even, of the New York Psychoanalytic Society.

Reik was one of Freud's own pupils. In the past he has contributed brilliantly and extensively to the literature of psychoanalysis. But one can only regret that in the present instance he has chosen to place his ideas and his grudges directly before the hungry, credulous public without first having worked them out with more soundness and less fury in the pages of one of the psychoanalytic journals. If a man claims to build a better mousetrap, he should be prepared to demonstrate more about it than simply those defects which entitle it to be somewhat dubiously termed a neo-mousetrap.

JULE EISENBUD (NEW YORK)

WILL THERAPY AND TRUTH AND REALITY. By Otto Rank. New York: Alfred A. Knopf, 1945. 305 pp.

A review of Will Therapy and Truth and Reality, originally published in two volumes and now published without change in one volume, appeared in *This QUARTERLY*, Volume VI, 1937, pp. 365-367. The translator, Jessie Taft, says in her foreword to the present volume, 'It is for those who would understand the meaning and value of Rank's departure from traditional psychoanalysis, that this authorized translation is here reprinted without alteration'. The reader is referred to the review *loc. cit.*

P. H. T.

¹ These authors of this and other published writings on the subject, in a communication to the Editors of *This QUARTERLY*, cite parallel passages from their works and Reik's book, which they claim are sufficiently close to Reik's thesis to have merited his acknowledgment. [Ed.]

PSYCHOSES WITH RHEUMATIC BRAIN DISEASE AND OTHER LATE CEREBRAL SEQUELÆ OF RHEUMATIC FEVER. (Collected Reprints.) Vol. II. By Walter L. Bruetsch, M.D. Indianapolis: Central State Hospital, 1944. Various pagination.

Dr. Bruetsch, in this collection of reprints, has demonstrated a well-known fact that a late sequel of rheumatic fever is an obliterating endarteritis which may involve the small meningeal and cortical vessels resulting in infarction of parts of the central nervous system. This chronic infectious process of the brain may produce a variety of mental symptoms. The author stresses that rheumatic heart disease is several times more frequent among mentally ill patients than in the general population. He describes two types of psychosis with endocarditis: 1. psychoses with subacute bacterial endocarditis terminating in death after a sudden onset of the mental symptoms, and 2. psychoses of a reaction type with a chronic rheumatic endocarditis. Some of the cases were diagnosed as dementia præcox, others as manic depressive or involutional psychoses. Nine per cent of the dementia præcox patients who were examined at autopsy showed signs of chronic rheumatic infection involving the brain as well as the heart valves. Bruetsch states that rheumatic alterations found in the brain consisted of a recurrent vascular process of an obliterating endarteritic type, affecting, in the dementia præcox group, mainly the meningeal and cortical vessels with subsequent degeneration in the cortex. He also described some patients who developed convulsions, which he designated as 'rheumatic epilepsy'. I am of the opinion that the mental picture in some of the cases diagnosed as schizophrenia, manic depressive, or involutional psychosis was not related to the rheumatic brain disease.

CHARLES DAVISON (NEW YORK)

PSYCHOTHERAPY WITH CHILDREN. By Frederick H. Allen, M.D. New York: W. W. Norton & Company, Inc. 1942. 311 pp.

In this book, Dr. Allen presents an overall picture of the work of the Philadelphia Child Guidance Clinic by telling the story of several case procedures against a background of his own theory and 'philosophy' of psychotherapy. This volume deals with the procedures used with the children, leaving the simultaneous therapy of the mothers—upon which complete success presumably depends—to a volume still to be written.

Despite the differences between psychoanalytic theory and Dr. Allen's own philosophy of therapy, there is a general attitude and approach which is common to both. For instance, his emphasis on the child's participation in the treatment, 'helping the child to help himself', the importance of the relationship between therapist and child, the concept of therapy as a 'growth-inducing experience'—these he has in common with the psychoanalyst, in contrast to the type of guidance which makes complete objective preliminary studies on the basis of which 'authoritative' therapy is then administered to the child, parent, school, etc. Essential differences exist, however, in the elaboration of these general principles.

The main thesis in Dr. Allen's theory of child psychotherapy is that the child must attain for itself 'differentiation' from the parents within the basic father-mother-child relationship, and that psychological 'differentiation' is part of biological and cultural 'differentiation' processes of growth. To the elucidation of this idea, the author devotes several chapters before discussing how it works out in therapy.

One can accept much that is wise and aptly put in Allen's discussion of the processes of growth and differentiation. His bias against psychoanalysis comes from a laudable desire to see only positive forces in the child's growth and from an incomplete and therefore mistaken interpretation of psychoanalytic dynamics which to him lays emphasis on 'negative' forces.

For instance, he assumes that psychoanalysis regards instincts as 'bad'; that parental authority is merely restrictive; hence growth is an 'avoidance phenomenon'. He objects to the 'negative and repressive values' of the œdipus situation and would substitute 'a functional conception of interrelated and concurrently operating forces in mother, father and child in their appropriate rôles together'. According to Allen the psychoanalytic concept of 'identification has become heavily weighted with negative meanings' and 'emphasis placed on its dangers'; therefore he redefines it in a generalized way as 'recognizing that the emerging self . . . needs both a medium in which to grow and a pattern around which to organize his own powers and capacities'. Again he interprets psychoanalysis as believing that 'change is only motivated by what is prohibited' while he maintains that 'the self can be viewed as having the qualities of spontaneity and creativity within itself'. A whole instead of partial view of the psychoanalytic theory of

ego development would make many of the author's reformulations seem not to be contradictory to, but supportive of psychoanalytic theory.

Like these formulations, the 'differentiation' process between mother and child toward which the therapy is aimed, seems, as described, a too generalized thing. When it falls short, as reported in the case of Sam, may it not be because of lack of specificity in analyzing the actual nature of the close tie between this boy and his mother?

It is this reviewer's impression that the most effective therapy came from the therapist's correct understanding of the child's attitude in the transference, and that diminution of anxiety through the permissive release of hostile feelings resulted in varying degrees of insight on the child's part into his position, thus increasing his feelings of independence. But transference in the analytic sense is denied in Allen's theory of treatment. He prefers to regard the therapist-child relationship as 'immediate experience'; yet the fact remains that the child's immediate behavior is a transference onto the therapist of forming attitudes and those formed in his past. How the therapist responds to these attitudes is the immediate new experience, and with children it is true that this helps the therapy considerably. It is a release experience and also an educational one, for it is the first time an authority has acted permissively towards forbidden feelings.

In making no use of unconscious material revealed by the child in his play, talk and other behavior, this clinic avoids a difficult problem of all clinical psychotherapy: that of determining how little or how much interpretation should be given as the treatment progresses. Perhaps the clinic's technique of setting a fixed length of time for treatment is a way of disposing of the problem of dealing with deeper layers of the personality. The therapy is consciously limited to current conflicts of 'the here and now'; and yet one cannot help feeling that its success depends on an unconscious acceptance on the part of the therapist of the very principles the argument of this book would deny. Therefore Allen's taking issue with psychoanalytic theories, substituting reformulations in the light of his own thinking, is less important than his pragmatic success in the shortened therapy of the clinic.

The clinical therapist may, however, feel that large areas in the child's psychology which are related to his problem remain

untouched in this book and this may leave him unconvinced that the limitations set by this clinic (of time, use of only current material, etc.) are entirely valid. The possibilities in some cases even in the clinic, may go beyond the more superficial changes that result from relationship-therapy. Yet he will no doubt feel that the technique of approach is on the whole a functionally correct one and that this book serves a needed purpose in giving all who work with children—social workers, teachers, pediatricians and parents—a good orientation toward child development and good ways to approach disturbances of this growth.

MARIE H. BRIEHL (NEW YORK)

PERSONAL MENTAL HYGIENE. By Dom Thomas Verner Moore. New York: Grune and Stratton, 1944. 323 pp.

Perhaps this is the only kind of 'mental hygiene' that a priest who is Professor of Psychology and Psychiatry of the Catholic University of America could write.

'Mechanical methods of contraception are inherently wrong and one is not allowed⁴⁷ to practice the biological method of rhythm merely to avoid the burden of children' (p. 163).

Fn. 47: 'We are dealing here with mental hygiene and do not enter into the discussion of the ethics of this problem. . . .'

Father Moore openly longs for the Thirteenth, Greatest of Centuries, in which the Church had the start of this majestic world.

'If a nation can be in some sense a "balanced personality" . . . we must look upon the medieval state as the expression of a balanced corporate personality. . . . It was due to the union of church and state in one organic living whole. The Eternal Law, God Himself, was conceived of as the soul of this living organism [p. 64]. . . . The stability in the Middle Ages rested to a large extent (1) on the law of charity governing the relations between parents and children, (2) on the Catholic doctrine of the indissolubility of the marriage tie, and (3) on the general concepts of duties and obligations between all members of the social order. . . . After ecclesiastical authority had been called in question [the Reformation], it was only natural that the existence of civil authority should be denied [p. 150]. . . . It is indeed something of a mystery how the broad principles of universal rights to life, liberty and the pursuit of happiness were embodied in the Declaration of Independence and the American Constitution.'

The general level of psychiatric insight and understanding may be illustrated:

'And so she held on to her phobia lest she have to "line up and be good" [p. 20]; . . . "emotional energy cycle is one of about six weeks" [quote from Readers Digest: The Secret of Your Ups and Downs] [p. 23]; . . . Let in the light of idealism and depression vanishes [p. 27]; . . . a pharmacological treatment of her anxiety state was of more importance than psychological analysis [p. 35]; . . . an organic factor in scrupulosity is that its origin seems to be associated with puberty [p. 40].'

A chapter on Anger is a homily on Instruments of Good Works according to St. Benedict.

This same author has written in a previous recent publication:¹

'Freudian psychopathology has its roots not in empirical findings but in the lively imagination of its author . . . with a happy gift of inventing a captivating terminology [p. 55]. . . . By way of criticism, one might say that it is high time for psychoanalytic writers to test their theories of the origin of mental disorder by empirical study and statistical procedures' [p. 71].

Oh for the good old days of the auto-da-fé and swift dispatch of the heretical Freuds and Bertram Russells!

For the opium-of-the-people school of atheism Father Moore supplies the following documentation.

'Religion alone can enable the toiling thousands to understand the meaning and value of life's monotonous drudgery and so to endure sorrows that would otherwise be unendurable and to carry burdens that would otherwise be insupportable. It is after all only human to endure gladly when endurance leads to something that is worth while and to collapse under burdens for which there seems to be no why or wherefore of any kind.'

The toiling millions have begun to suspect they are entitled to a share in the treasures their drudgery promotes for others on earth and that they should not settle for imaginary treasures in heaven.

Psychoanalysis has provided the data for demonstrating that the ultimate expression of psychological maturity is enduring love between a man and a woman with intelligent parenthood as its perfect expression. To Father Moore, the Roman Catholic Church has a corner on this commodity.

'If we would trust the psychiatric literature of the present day, we would see in this mutual attraction dominantly if not exclusively the conscious experience of a purely sexual charm' [p. 135].

¹ *Nature and Treatment of Mental Disorders*. By Dom Thomas Verner Moore, O.S.B., M.D., Ph.D. New York: Grune & Stratton, 1943.

What psychiatric literature?

Having established that the 'laws of matrimony are not arbitrary but fixed by the law of nature', the monastic community is by Jesuitical casuistry made the equivalent of Family Life.

'What the abbot is to the community the father is to the family. What the procurator, or brother cellarer, is to the monastery, the mother is to the home' [p. 203].

Moore fares no better in estimating historical personalities. Oliver Goldsmith is evaluated as an instance of 'constitutional psychopathic inferiority' largely because as an example of Emotional Display Without Regard to Consequences, after graduating from medical school and gaining 'admission in some capacity to the household of the Duke of Hamilton, he wrote to his uncle: "I have spent more than a fortnight every second day at the Duke of Hamilton's; but it seems they like me more as a jester than as a companion; so I disdained so servile an appointment"'.

Father Moore believes 'his contact with the Duke of Hamilton . . . might have opened the way to "better things"'.

There is a repellent lack of sympathy and love in this Personal Mental Hygiene. Suicide is estimated to be a 'poetic demonstration of grief and dramatic appeal for sympathy' (p. 242). There is a detached estimation of Swinburne's 'sadistic philosophy of death' as having its roots in 'a peculiarity of the nervous system which made it possible for pain to cause a strange type of sensory pleasure that in the course of adolescence became associated with sexuality'.

Someone has said that organized Christianity has lost the power of making itself feared and has done nothing to make itself loved.

R. G.

THE PSYCHIATRY OF ROBERT BURTON. By Bergen Evans in consultation with George J. Mohr, M.D. New York: Columbia University Press, 1944. 129 pp.

For over three hundred years Robert Burton's *Anatomy of Melancholy* has been entirely neglected by psychiatrists. In the medical profession it has received recognition from only two individuals. Sir William Osler became deeply interested in Burton, his library and his *Anatomy*. Of the *Anatomy* he said, 'No book of any

language presents such a stage of moving pictures'.¹ Osler, because of his clinical and scholarly ability, could appreciate the *Anatomy* but, lacking psychiatric training, he was unable to formulate its worth by modern psychological methods. He sensed that Burton, although not a medical man himself, had made a contribution to medical science which should give him a niche among his contemporaries, Sydenham and Harvey. Osler's plea that the *Anatomy* be seriously considered as a psychiatric treatise was ignored. In 1936 Dr. Joseph Miller of Chicago published a short article on Burton in which he stressed the value of the *Anatomy*. It remained, however, for Bergen Evans in consultation with Dr. George J. Mohr to put the *Anatomy* in its rightful place as a great psychiatric treatise and to evaluate it in the light of psychodynamic psychiatry. There is one obvious explanation for the neglect of the *Anatomy* by psychiatrists. The book itself is so burdened with quotations, stories, mythology and historical comments that the reading of it is difficult in the extreme. However, there may be still another reason for the failure of psychiatrists to recognize the *Anatomy*. Could it be that the narcissism of the medical man made him loath to give credit to a layman for a medical discovery?

We can be grateful to the authors for their culling out Burton's observations on the symptoms, theories of the causes, and suggestions for the treatment of Melancholia. The book, although only one hundred and twenty-nine pages in length, contains a wealth of material in its chapters on The Man, The Book, Symptomatology, Etiology, Therapy, Conclusion, Bibliography and Index.

The first chapter is a brief account of Burton, 'The Man'. There is valid evidence that Burton suffered from depressed states of mind early in life. He felt rightly or wrongly that he had missed the affection necessary to a child. He often alluded in his *Anatomy* to the 'cruelty and indifference of parents'. He hints that his first severe melancholia came during his days at Brasenose College in Oxford. He withdrew from active life and his entire life was spent as a fellow at Oxford. He hated this life. From behind secure collegiate walls he looked with envy on the world he had renounced. Through his book are revealed characteristics of the man himself: 'the resentments, the continued self-deprecia-

¹ Cushing, Harvey W.: *Life of Sir William Osler*. London: Oxford Press, 1925. Vol. II, p. 359.

tion, the discontent, the aggressiveness, the mingled gaiety and depression'.

The chapter on Symptomatology could be quoted in its entirety. Mr. Evans has done a remarkable job in condensing Burton's descriptive picture of the disease. Burton defined melancholia as a chronic anxiety state, irrational in character. 'It is a symbolizing disease, expressing itself according to the personality and environment of the patient in diverse symptoms, of which fear and sorrow "out of proportion with the known causes" are the chief. Those afflicted are restless, emotionally unstable, inclined to be greedy and covetous, ill-tempered and aggressive. They are particularly disturbed in their sexual relations, using the term in its widest possible sense. They are eternally tormented with feelings of guilt, oppressed with a sense of their own unworthiness and the belief that they are rejected and despised. These feelings, unless assuaged, progress to despair, from which they seek deliverance—and at the same time a sort of revenge—through self-destruction' (p. 62).

Burton was unable to divest himself entirely of the belief, prevalent in his time of demoniacal possession as the cause of mental disturbance. He does clearly state, however, that the 'important cause of melancholy is inward. Devils, sickness and misfortunes are but contributory factors', or as we would say today, are precipitating factors. Three deeper causes, he felt, underlie the disease: heredity, lack of affection in childhood and sexual frustration. He also maintained that 'self love might be regarded as the fountainhead of all melancholy. For love of self prevents the love of others. Unloving, the man feels unloved; and unloved, insecure. Insecurity breeds fear, and fear, preying upon the mind, distorts the imagination "which, misinforming the heart, causeth all these distemperatures"' (p. 76). Lastly the maladjustment of the individual to society (or society to the individual) may be considered as a cause.

Burton's Therapy was a mixture of the commonly accepted medicines of his day, which however he did not feel were very efficacious, and of his own concepts of psychotherapy which were far in advance of his time. Since the patient himself does not know what is amiss 'a friend (therapist) must discover the true cause of the perturbation. He must look behind the offered explanation, however sincerely it is offered, seeking in the patient's "looks,

gestures, motions [and] phantasy" to find a clew that will lead him to the real explanation. Nor need he expect the sick man to accept the truth, once it has been perceived. . . . The treatment will be long, even at the best, and at first the friend must be content "to remove all objects, causes, companies, occasions, as may anyways molest him, to humour him, please him, divert him, and, if it be possible, by altering his course of life, to give him security and satisfaction"' (p. 88). 'The physician who desires to help them must first rectify the passions and perturbations of his own mind, so that he may not mislead them and so that he may endure with patience and equanimity their emotional vagaries' (p. 89). 'The personal influence of the physician over the patient, is the "notable secret" of the successes that have been achieved in the care of this sickness. The purgings, the bleedings, and the exorcisms have only been, at the best, accessories. . . . And as a sign of grace the patient must be willing to make sacrifices. He must not be "too niggardly miserable of his purse", for one thing' (pp. 89-90).

I have quoted a few of Burton's concepts of the psychotherapeutic relation which must exist between patient and physician. It has taken many years for psychiatrists to recognize these same principles for therapy and for the basic training of a therapist. In addition Burton perceived that there is a causal relation between mental disease and culture. Reorganization and social change are necessary to eliminate mental disease.

The concluding chapter is an excellent summary and evaluation of the *Anatomy*. The authors feel that Burton foreshadowed some of Freud's contributions yet never was able to formulate a dynamic theory of personality. To the reviewer this seems an impossible demand. The *Anatomy* was published seven years (1621) before Harvey's *De Motu Cordis* (1628). Before Freud could give us a dynamic concept of personality three hundred years of research on the dynamics of physiological processes had to be done. The reviewer hopes that this book will be required reading for all medical students and physicians, for the *Anatomy* deserves a place beside Sydenham's clinical studies.

HELEN V. MCLEAN (CHICAGO)

THE ETERNAL ONES OF THE DREAM. A Psychoanalytic Interpretation of Australian Myth and Ritual. By Géza Róheim, Ph.D. New York: International Universities Press, 1945. 270 pp.

Psychoanalysts have always had a tender affection for anthropology. It has supplied them with illustrations of the 'psychological brotherhood of mankind', man's relative uniformity, his birth and growth as a group, and it has offered hope for man's eventual maturity. It has also reassured analysts in their individualistic work that individual understanding may lead to social understanding and progress. Freud's Totem and Taboo, one of the first contributions, and Margaret Mead's Balinese Character, one of the most recent, are landmarks in psychoanalytic anthropology.

Géza Róheim is a pioneer in this field. His books—including The Eternal Ones of the Dream—are rich mines of information for the anthropologist. But the coal remains to be mined before it can be converted into analytic light and warmth. Róheim tries to interpret anthropological material analytically but rarely succeeds in creating a convincing and living impression. For instance, after many details and after he has given twenty-eight examples of Australian myth, heavily spiced with the original terms of the primitive, the interpretation of the Myth of the Dual Heroes is given (p. 67): 'The characteristic feature of the dual unity organization is just this: the body alone represents the unity of mother and son; the separation from the body (circumcision) represents a symbolic repetition of the primal trauma, the infant torn from its mother. The myth restores, by its own means (duality of heroes), the dual unity that has been broken. But it also keeps repeating the initial trauma in the attempt to master it.' In another place (p. 79), the origin of circumcision is summarized: '(a) Separation anxiety is countered by genitalization (I have lost the mother, but I can masturbate). (b) The penis has become an object representation. Separation is repeated; the foreskin is separated from the glans (mother from child, or vice versa). (c) Genitalization again; the boy receives an indestructible penis (or father or mother) in the *tjurunga*. (d) Separation is again repeated on the penis itself. This is subincision; the urethra is opened and the penis is cut into two halves.'

In the chapter, The Eternal Ones of the Dream, the meaning

of an immortality fantasy is explained in terms of birth and death and mother-child relations; it truly brings new insight into the primitive and less primitive mind. 'The eternal ones' are mythical heroes who are not born and will not die and who have no mothers. The author summarizes (p. 154): 'In this case we have discussed aggression called forth by separation in the dual unity situation. The mother is absent; this would evoke aggression: the desire to eat the mother. On the other hand, any animal which is eaten must, *ipso facto*, be a mother; hence, eating it will mean that the animal will disappear altogether. In identifying with the animal, or in carrying over libidinal strivings to the animal, restitution is attempted.'

Anthropologists with some tolerance for psychoanalytic interpretation will benefit by reading what Róheim has to report about the origin of myth, about the relation of myth to history and ritual, and about symbolism and nature mythology, as for instance the meaning of rituals such as the *tjurunga*, the totem sacrament, and initiation rites.

MARTIN GROTJAHN (CHICAGO)

CONSCIENCE AND SOCIETY. A Study of the Psychological Prerequisites of Law and Order. By Ranyard West, M.D., Ph.D. New York: Emerson Books, Inc., 1945. 261 pp.

Since the English edition of this book is already available to the scientific public, the present reviewer feels at liberty to give disproportionate notice to a few basic matters, rather than to paint a balanced picture of the whole. West is addressing lawyers, psychologists and philosophers on a topic of great importance for all of them and the question arises as to whether he handles the data and insights of psychology in such a way that they contribute significantly to the central problem.

The central problem is whether and under what conditions world law is possible. A comparative historical method would show that a world legal order is possible: all peoples in significant contact with one another have often been part of an inclusive legal system for long periods. A comparative method, furthermore, would reveal that in all, or nearly all cases the legal order was imposed from some dominant center of power. Extended applications of the same method would make it possible to go further in specifying

the collocation of factors adequate to achieve, maintain and destroy such all-inclusive systems.

West's concern is with psychological data and generalizations (in addition to a review of theories of law). He asks whether the aggressive impulse is so powerful that law is impossible and then interprets Freud, and data of his own, in such a manner as to conclude that aggressive impulses are strong enough to make external coercion necessary, but not so strong as to make external coercion impracticable. Hence if international destructiveness is to be abolished, a world legal order is first necessary. If not brought into being by world empire, it is to be done by advocacy: 'I believe that the conception and advocacy of a transfer of power itself from the nations to their natural master, the World, will do far more to stir the imagination of men than any procedures of gradualness and attempts to create a preliminary courtesy authority have done' (p. 236). There is no discussion of the circumstances in which such advocacy can be expected to succeed, or of the articulation of this method of action with other alternatives.

The net impression of such a treatise is that psychology has far less to contribute to the general problem at the present time than comparative history (sociology). Some of this impression comes from the freedom with which West revises Freud when Freud's findings and generalizations about aggressiveness seem to him 'extreme'.

HAROLD D. LASSWELL (NEW HAVEN)

CRIME AND THE HUMAN MIND. By David Abrahamsen, M.D. New York: Columbia University Press, 1944. 244 pp.

The purpose of the book is to present comprehensively, and to a wide audience the modern trends in the psychiatric aspects of crime. Professor Nolan D. C. Lewis has written a foreword introducing and recommending the author.

Included among the points that Dr. Abrahamsen dwells upon are the problem of heredity and environment as causes of crime, the examination and the psychology of the offender, the psychological background of murder, and the questions which criminal law puts to the psychiatrist. He gives a historical review of the understanding and treatment of the criminal. His own inter-

pretations, founded on a wide knowledge of European and American criminology, are based on psychoanalytic concepts.

Unfortunately, the book is written in a slovenly and confused style with many grammatical errors and a train of thought clouded by contradictions and inconsistencies. To cite an example: 'In the same way as logical thinking and social behavior has a meaning to the normal person, so also with the incoherent mind to the insane and antisocial behavior to the offender'.

Only a thorough revision of the presentation will save Abrahamsen's really valuable material from neglect by the majority of readers.

HENRY LOWENFELD (NEW YORK)

MEN, MIND AND POWER. By David Abrahamsen, M.D. New York: Columbia University Press, 1945. 155 pp.

Dr. Abrahamsen's book is presented as 'a clear, psychologically sound analysis of the mentality of a maladjusted German people and their leaders'. In an initial chapter on The Riddle of the German Spirit, the author condenses German history into a few pages to support the thesis that the Germans always 'were resistant to the thoughts of freedom' and never knew 'how to adjust to the fair desires and demands of other people'. After a chapter on Why Germans Became Nazis, in which the transition is described as one of degree rather than kind, the author presents a series of case histories of various German and collaborationist individuals. His concluding chapter on Remolding Minds offers suggestions on methods of coping with the German 'war mind.'

Unfortunately Dr. Abrahamsen writes less as a scientist than as a Norwegian patriot settling scores with the enemies of his homeland and of the liberal political principles he holds dear. In the entire book the only reference to a source in psychological literature other than the author's own writings is a single sentence suggesting an identity of view between Freud and Jung in support of Dr. Abrahamsen's belief that 'the Germans have a soul in common'. On the other hand, there is a proliferation of unsupported assumptions and sweeping oversimplifications remarkable even in a work of frank vulgarization plainly intended for a somewhat less than literate public. Instead of analyzing or even dispassionately describing German mentality, the author assembles uncritical statements to make a propaganda case. All the generali-

zations of a particularly naïve Vansittartism are here. What is worse from a scientific, indeed from a simply logical viewpoint is the fact that the author indiscriminately uses such words as maladjustment, crime and guilt in individual, group and mass contexts and in legal, moral, social, political and psychological frames of reference without explanatory transitions. The book is neither clear nor sound precisely because it brings to the confusions of 'the German problem' the same kind of proselytizing emotionalism which lies at the root of the problem. Indeed, so eager is Dr. Abrahamsen to get the reader to 'feel' the Germans' culpability that he uses Nazi fantasies to bolster his case against them as, for example, in his invocation of the 'dark forests' motif in German character formation.

Dr. Abrahamsen has three 'practical' suggestions to offer. First, from four to six million Germans should be punished as war criminals and 'many, many Germans too dangerous to be left on their own' should be treated in psychiatric clinics. Second, 'all Germans' should be made 'to develop guilt feelings' because this will 'help to create a new outlook in them'. Third, German individual character structure should be changed by altering 'the character structure of their family situation' to eliminate excesses on the one hand of materialism, aggressiveness, submissiveness and on the other hand of romanticism, seclusiveness, idealism. Since the women 'have continued the old German pattern to a lesser extent than the men' and the subordination of woman is central to the problem, Dr. Abrahamsen advocates a species of compulsory emancipation of women. He has great faith in the therapeutic effect of strengthening the rôle of the mother in the family and of women in society as a whole.

It is quite certain that the legally dubious principle of retro-active retribution, explicit in the Nürnberg trial proceedings, will not be applied to 'four to six million Germans'. It is scarcely less certain that collective guilt, instead of creating a new outlook, will merely reinforce the baleful psychological collectivism which is the accursed inheritance of German political history. And so far as the purifying influence of the women is concerned, Tania Long reports in the New York Times that careful questioning in all sections and all classes shows that 'women are more completely Nazified than the men, that the poison of Nazi ideology has bitten deeper into their souls, and that it will be harder to eradicate

Nazism from their minds'. Dr. Abrahamsen's practical program is not practical.

Nevertheless Dr. Abrahamsen's book with all its shortcomings, indeed because of its shortcomings has a certain usefulness. For it raises the key questions of a psychological approach to modern political problems. To what extent can the findings of individual psychology be applied to the political group or mass? How is the emotional health or illness of the individual related to the development of the sociopsychological entity? What part does character formation in the individual *qua* individual play in the total configuration of the individual as a component in a sociopolitical mass? What about the interaction of religious and economic factors in totalitarian societies, indeed in all societies in which materialistic technology demands some form of psychological standardization? These are only a few of the questions. Freud touched upon them in *Massenpsychologie und Ich-Analyse* and also in *Moses and Monotheism*. It is perhaps more than a coincidence and certainly no less than a tragedy that these two areas of inquiry, so vitally important in our time, were the ones he did not fully explore. Dr. Abrahamsen's book suggests that politically-minded psychologists disserve their profession by rushing into print at a time when the crying need is not for the popularization of ignorance but for more pioneer work in establishing a sound methodology of social and political psychology. Most of Dr. Abrahamsen's quotations and references are from newspapers and popular books. What is needed is a concept and method of the sociopsychological clinical approach which includes real field work. Without such work we shall not be able to arrive at a dynamic notion of adjustment, broad and deep enough to cover all the forces and motivations involved. And without such a new concept of adjustment, psychology must lag behind the other sciences in contributing insights into the central dilemma of our time—how can society successfully arbitrate the conflict between man and machine, between the destructive death-wish of the human personality and the even more destructive 'life wish' of 'expanding' inanimate atoms? In a world in which all human beings must 'adjust' themselves not only to the memory of Belsen and Buchenwald but to the promise of Hiroshima and Nagasaki, psychological science has work to do.

MENTAL ABNORMALITY AND CRIME. Edited by L. Radzinowicz and J. W. C. Turner. London: Macmillan & Co., Ltd., 1944. 316 pp.

The editors apologize for the incompleteness of the work done by the essayists. Each essay has the merit of dealing with some aspects of mental abnormality and crime. Hope for a solution of many of the problems of crime should be found in a close collaboration between the members of the medical and legal professions. In this volume the editorial is contributed by members of the legal profession. They quote from Dr. R. M. Jackson's book *The Machinery of Justice in England*: 'An English criminal trial properly conducted, is one of the best products of our law, provided you walk out of the court before the sentence is given: if you stay to the end, you may find that it takes far less time and enquiry to settle a man's prospects in life than it has taken to find out whether he took a suitcase out of a parked car'. They plead for effective treatment before criminal tendencies have become criminal habits and they recommend that a regular service carrying out thorough investigations into the personality and social circumstances of the young law-breaker should be attached to all juvenile courts and that such a system should become a permanent element in the procedure of this branch of criminal administration, especially in juvenile delinquency.

The opening essayist, Dr. J. R. Rees, gives a good account of mental variations and criminal behavior. He quotes Dr. William Healy of Boston, who tells about a judge from another state who came and spent part of his vacation watching the work of the Clinic for Juvenile Delinquents in Chicago. After some weeks when he was about to leave, he said impressively, 'Dr. Healy, I have sat for twenty years on the Bench giving treatment and I never knew how to diagnose'. Thereafter he instituted a Department of Diagnosis in connection with his Court.

Dr. Angus MacNiven, in the second chapter on Psychosis and Criminal Responsibility, briefly describes the psychotic disorders which affect the patient's behavior in his relations with his external environment. Cases are cited with a variety of infringements of the law—varying in gravity from simple breach of the peace to murder—as symptoms of the manic-depressive psychosis, and various antisocial conduct as symptoms of schizophrenia.

Dr. R. D. Gillespie's chapter on Psychoneurosis and Criminal Behavior, gives a most disappointing exposition of the psychoneuroses. His list of references reveal his lack of digestion of what psychoanalysis has so painstakingly contributed to this subject. His quotation from Dr. Bernard Glueck merits repetition: 'We psychiatrists are very humble in the face of the sound precedents which govern the criminal law, but since criminal law is of necessity confined to the adjudication and the regulation of human conduct, it is difficult to see why an infusion of the scientific spirit and technique can do anything but good'.

Dr. E. O. Lewis, on Mental Deficiency and Criminal Behavior, explains at length in his brief essay the meaning of I.Q. Professor D. K. Henderson treats his subject, Psychopathic Constitution and Criminal Behavior, too briefly. Dr. D. R. MacCalman, on Functional Nervous Disorders After Injury, is included merely to be counted present with this neurological problem. Dr. W. Norwood East, on Physical Factors and Criminal Behavior, gives an adequate account of the literature. Dr. G. M. Scott's essay on Alcoholism and Criminal Behavior seems far behind the modern concepts of this problem. Dr. W. Norwood East, on Sexual Offenders, quotes the English jurist, Jeremy Bentham (1748-1832), and still remains with his essay somewhere in the nineteenth century. Dr. J. D. W. Pearce, on the Physical and Mental Features of the Juvenile Delinquent, again goes into the meaning of the I.Q., but his essay seems incomplete because of his being on active service. The Social and Familial Study of Juvenile Delinquency, by Dr. E. Miller, can but receive mere mention, as well as his essay, The Problem of Birth-Order and Delinquency, but he touches eclectically on the manifold contributions to the subject. Dr. G. de M. Rudolf, on Reaction to Military Life and Criminal Behavior, includes a List of Offenses in Respect of Military Service from the Manual of Military Law, 1940, page 704, which is very comprehensive. Dr. Edward Glover on the Diagnosis and Treatment of Delinquency, gives a clinical report on the work of the Institute for the Scientific Treatment of Delinquency during the five years, 1937-1941. Dr. R. N. Craig, in the closing chapter gives a Report on the Work of the Exeter Child Guidance Clinic.

READJUSTING *with* THE RETURNING SERVICEMEN. Proceedings of the Institute; under the auspices of and published by The Illinois Society for Mental Hygiene. Chicago: 1945. 156 pp.

This is a symposium in which a dozen physicians, psychiatrists, social workers, an employment manager and a professor of education participate in a laudably earnest effort doomed by the limitations imposed in all attempts to build practical plans around a theoretical abstraction. One reads with a mounting sense of frustration to page fifty-five of this booklet where Dr. Therese Benedek's admonition, 'We must not think of the veterans as a group apart but treat them rather as the individuals they are', sharply dispels the accumulating fog of generalities.

That there is a problem, and a vast one, no one should deny. In terms of dollars alone, estimates based on the cash outlay for psychiatric casualties of World War I exceed the national income a few years hence.

Yielding to the temptation to make some sweeping generalizations of his own without risking direct contradiction, this reviewer believes, on the basis of his observations, that the average chronically neurotic veteran first lost a battle with his mother who libiditized his infantile passive cravings to a degree that made him an anxious liability in whatever pursuit he singled out. Military service, mounting separation anxiety, neurotic illness, long hospitalization, provide the unconscious fantasy for an ego-syntonic subsidization by the politically maternal Veterans Bureau of the now fixed regression and overwhelming passivity. The disease here originates in the family.

A quite different psychopathological reaction which invites generalization is provided by numerous returning veterans who have strong feelings of hostility and resentment towards civilians. These servicemen are relatively mature and well-integrated personalities, in contrast to the neurotic structure of the personality of the chronic veteran, and the prognosis is reasonably good. Typically, they feel isolated and out of place, irritable and contemptuously critical of the citizens at home. During long periods of active combat, these servicemen frequently found in themselves and their companions in danger an intimate personal regard for one another, a spontaneous selflessness and a mutually protective concern amounting often to tenderness without sentimentality and without

loss of masculine self-esteem. Having experienced this ideal brotherhood of man the callous, greedy world of safety is felt to be poignantly repellent. It is a question here whether it is the returning serviceman or the society to which he returns that is diseased.

Psychiatrists cannot grasp this entire sorry scheme of things and remold civilization closer to the current ideal of psychological maturity about which, moreover, there is not much greater unity of conception among psychiatrists than there is among other citizens.

'In a professional group such as this', writes one contributor on the subject, *Therapeutic Aids to Adjustment*, 'there are doubtless many different answers which might be given to this question depending on the theoretical preferences and clinical experience of the members'.

The returning serviceman and others who seek help from psychiatry will have to take pot luck, each according to his psychiatrist's 'theoretical preferences'.

R. G.

ABSTRACTS

A Dream Under General Anæsthesia. Paul Federn. *Psychiatric Quarterly*, XVIII, 1944, pp. 422-439.

Federn describes his own dream experience during a dental operation under general nitrous oxide anæsthesia. After having lost consciousness very quickly he found himself dreaming with great clarity, intensity and happiness. He was the chief military commander and statesman putting big territories in order with great speed, efficiency and perfection. With the strongest 'feeling of oneself' he did his duty in a glorious, victorious fight—the activities of half a year concentrated in the short period of the anæsthesia.

Federn is more interested in the phenomenologic aspect of the dream than in the interpretation of the unconscious dream thoughts, the latter being rather obvious. He assumes that in a dream under general anæsthesia the mental ego is reawakened to a higher degree than in normal sleep, while the bodily ego is so deeply paralyzed that even the strong stimulations of pain do not reach consciousness. This protection against external stimulation by the toxic effect of the anæsthetic allows an expansion of the mental ego in feelings of efficiency, speedy concentration of intense activity, happiness and grandiosity. There is a lack of confusion and bewilderment, characteristic of so many dreams, the dreamer in his expansive grandiosity remains himself, the demands of his superego are not violated. The degree of partial reawakening or recathexis of the mental ego in a dream under anæsthesia is reflected in the rationality, clarity, intensity and happiness of the dream experience. The author calls for further observations of dreams under anæsthesia in order to study the ego cathexis in dream and psychosis.

EDITH WEIGERT

A Paranoid Syndrome in a Twelve-Year-Old Boy. Valerie Handzel. *Psychiatric Quarterly*, XVIII, 1944, pp. 439-459.

This patient, coming from a severely traumatizing interpersonal experience beginning with psychological desertion by the father and brutal mistreatment by a stepmother, had no recourse other than to displace to successive environments the expectations which he had acquired in the first one. He really had no reason to believe that life could be predictably friendly; his experiences with benign people were too short-lived to warrant his accepting them as such. It is a real question whether the 'paranoid syndrome', no matter if the expectations of unfriendliness did become somewhat psychotically distorted for a time at the height of the boy's validly justified distress, can justifiably be accounted for by the standard formulations based on homosexuality and the mechanism of projection. The clinical picture, though extending over a rather long period, is really that of a reactive depression, with displacement of hostility which had much of its origin, insofar as it was clinically significant, in the actual life situation. The favorable therapeutic result had less to do with the theoretical formulation than it did

with the fact that the boy was at last able to find a dependably benign relationship with the therapist. Such syndromes and such results are not infrequent in child guidance clinics.

MAXWELL GITELSON

Historical Sidelights on the Problem of Delinquency. Gregory Zilboorg. Amer. J. of Psychiatry, C, 1944, pp. 757-762.

In broad, sweeping, historical outline Zilboorg draws a picture of the emergence from formal legal oppression of the concept of juvenile delinquency as a social and psychiatric symptom. For this recognition and for their successful uphill battle against certain hidebound traditions of law and even medicine, he duly commends the charitable agencies and their humanistic founders of the last century.

The very lucidity of his historical illustration of adult cruelty to the child, 'which has not always been unconscious', makes it a matter of regret that he could not pause longer to discuss the dynamics of society's unrelenting, blindly vindictive attitude toward the criminal 'rebel'.

H. M. SEROTA

Schizophrenia in a Four-Year-Old Boy. H. Robert Blank, Olive Cushing Smith, Hilda Bruch. Amer. J. of Psychiatry, C, 1944, pp. 805-811.

This is another contribution to the published case material on juvenile schizophrenia. The patient is characterized by a profound withdrawal of interest from the environment, with severe disturbances in speech, motility and affect. There is more evidence for the operation of the parental environment as the significant etiological factor than for the usually adduced hereditary stigmatization. The discussion of the clinical findings is based on the previously published views of Bradley, Potter, and Despert, and contributes nothing new.

MAXWELL GITELSON

Observations on the Pattern of Anxiety. D. Ewen Cameron. Amer. J. of Psychiatry, CI, 1944, pp. 36-42.

Acute or abnormal anxiety is manifested in that particular muscular system which from childhood on has been used for the expression of 'normal' anxiety reactions. The patterns (skeletal, smooth or combined) remain dominant; overflow into another system may occur but is temporary. Also, the focusing of attention on one particular aspect of the pattern may conceal manifestations in other areas.

The complaints of forty-seven patients with tensional and anxiety states were carefully registered and an obvious relationship between pattern and acute symptoms was found. In an elaborate and interesting discussion of the involvement of the skeletal musculature, it is noticed that though much attention is paid to increase of knee jerks, the majority of complaints point to differences of muscle tonus in the more expressive areas (head and hands). Cameron stresses the importance of the study of the actual complaints and these lifelong patterns in anxiety states, along with the 'equally desirable search for etiological factors'.

CAREL VAN DER HEIDE

The Nature of the Psychogenic Cure. C. P. Oberndorf. *Amer. J. of Psychiatry*, CI, 1944, pp. 91-97.

Under the term 'psychogenic cure', Oberndorf includes all psychotherapeutic procedures, from the magic of the primitive medicine man to psychoanalysis. All psychogenic cures have two main factors in common: the source (person, institution, shrine, analyst, etc.) and the timing of the suggestions or interpretations offered the patient. It is with the latter factor that Oberndorf principally concerns himself. As is well known, an interpretation made at one point during analysis does not 'take', whereas the identical interpretation made at another time falls on fertile ground and can be utilized to great advantage by the patient. This and other problems of analytic technique are discussed.

JOSEPH LANDER

Symptomatology and Management of Acute Grief. Erich Lindemann. *Amer. J. of Psychiatry*, CI, 1944, pp. 141-149.

The author gives an excellent descriptive account of the symptomatology of acute grief, as well as a discussion of the principles involved in its management. Acute grief is a definite affective syndrome. It may be delayed, exaggerated, or make its appearance in certain distortions. These distortions can be successfully transformed by appropriate techniques into a normal grief reaction with resolution.

Acute grief seems to be remarkably uniform and is characterized not only by its somatic manifestations, but also by feelings of guilt, manifestations of hostility and defenses against it, and changes in patterns of conduct. In some cases traits of the deceased appear in the behavior of the bereaved.

The essential task of therapy is that of sharing the patient's grief work—his efforts at extricating himself from the bondage to the deceased and at finding new patterns of rewarding interaction. Not only overreaction but also underreaction must be given attention. Severe agitated depressions may need shock treatment.

Lindemann also mentions the occurrence of anticipatory grief in situations of separation where there is the threat of death. While this reaction may be a safeguard should the death of the loved one occur, it can be a serious obstacle at the occasion of reunion.

ELI MARCOVITZ

The Contribution of Psychiatry to Psychoanalysis. Leo H. Bartemeier. *Amer. J. of Psychiatry*, CI, 1944, pp. 205-210.

The stimulating influence of psychoanalysis on psychiatry has been frequently recognized. Bartemeier investigates the relation between these two sciences from the less usual point of view: What did psychiatry do for psychoanalysis?

The Swiss school of psychiatry under the leadership of Bleuler made certain findings which were important for the development of psychoanalysis, such as the association experiment, the application of psychoanalytic theory to psychoses and the theory of complexes. American psychiatry showed an early interest in and understanding of psychoanalysis. Among the important American contribu-

tions, Bartemeier mentions Harry Stack Sullivan's studies on schizophrenia and Gregory Zilboorg's on postpartum psychoses.

Bartemeier believes that psychoanalysis can be called a child of psychiatry. Historically, however, psychiatry was of little importance to the formation of Freud's basic discoveries.

GEORGE GERO

Induction Psychiatry. H. H. Goldstein and W. Rottersman. *Amer. J. of Psychiatry*, CI, 1944, pp. 210-215.

Goldstein and Rottersman have for almost three years served as psychiatrists at an induction station. As a result of their experiences they have found many obvious weaknesses and flaws in the present system of psychiatric examination at induction centers and they have certain specific recommendations to make which would better the present set-up. They suggest that at all stations the following procedures be followed: (1) Psychiatric questionnaires for everybody. (2) Rorschach group screening test. (3) Minnesota multiphasic personality test. (4) Organic disease questionnaire. (5) Psychiatric interview. (6) Social Service records from the schools, doctors, etc. All this they believe would be of immense value in screening out the psychotic, psychopath and psychoneurotic and thus reduce the high rate of psychiatric discharges.

RALPH R. GREENSON

Brief Psychotherapy in Diabetes Mellitus. George E. Daniels. *Psychiatry*, VII, 1944, pp. 121-128.

Diabetics in adolescence and early adult life are considered to be particularly in need of psychotherapy. About eight patients who received brief psychotherapy by the author are reported. The number of interviews varied from six to two hundred and fifty respectively. In two instances important sexual conflicts were associated with the onset of the diabetes. It seems that insulin treatment has an effect on the emotional balance and tends to lessen repression.

MARTIN GROTJAHN

Psychotherapy and 'Giving Love'. With Special Reference to the Therapy of Children by Psychiatric Social Workers. Nathan W. Ackerman. *Psychiatry*, VII, 1944, pp. 129-137.

Fundamentally, giving love can be neither a technique nor a device. It must be as genuine and sincere in psychotherapy as in ordinary human experience. No therapist can make up for the early lack of love in a patient's childhood. Over-indulgence may deter aggressive acts, but will never cure their causes. First, the patient must be made able to receive love as love. In child therapy, the therapist may give as abundantly as he pleases, provided that giving is genuine and does not exceed his capacity. When eventually a child actually begins to ask for love, he is also near to being capable of giving and near to being cured.

MARTIN GROTJAHN

Balinese Character. A Critical Comment. Kurt R. Eissler. *Psychiatry*, VII, 1944, pp. 139-144.

Two outstanding character traits of the Balinese, their incomplete conception of time in relation to the future and their disintegrated body image, both looked upon as different aspects of the same incomplete conception of *Gestalten*, are analyzed by Eissler as results of early childhood traumatization. In crawling, the baby has its first opportunity to experiment with a goal-directed activity which involves his entire body, and in this very respect the Balinese baby is severely frustrated by his mother. The demonstration of this traumatization, however, does not answer the question as to why this habit came into existence in Bali in the first place. The material of Bateson and Mead emphasizes the possibility that the lost functions of time-conception and body-image must have been there at some time.

In his comments, Eissler comes to the following general conclusion: 'In view of the unfortunate misapplication of the terms "cultural" and "biological" when applied to the entity "man", it seems to be of paramount importance to define their true meaning in relation to each other. Otherwise there is grave danger that Freud's concept of a psychic apparatus will be ground to pieces between these two millstones. Psychology, which should be a science of the psychic apparatus, will be divided into "biological" and "cultural" psychology, which means that much will be known about human culture and about the human body, but nothing about man himself.'

MARTIN GROTJAHN

Psychiatry and the Army. William C. Menninger. *Psychiatry*, VII, 1944, pp. 175-181.

Menninger reminds psychiatrists in general and psychoanalysts in particular of the many tasks which they have to fulfil for the war effort. He admonishes them by doubting whether their organizations have actually accomplished all that could have been done. He challenges them by enumerating all the tasks in which an increase of organized activity would be desirable.

(When this paper was read at the Philadelphia meeting, everybody was enthusiastic and agreed that more must be done along the lines suggested. The American Psychoanalytic Association took appropriate steps.)

Menninger closes by stating: 'If I have succeeded in disturbing the atrophied superegos of analysts in even a small degree in the direction of crying needs, I shall feel repaid'. He certainly did succeed in this respect. However, perhaps the analysts are not quite as inert as Menninger hinted. Some of the problems mentioned are of such a nature that they cannot be solved by psychoanalysis or psychiatry alone. Even if an 'individual who had had analytic training, but fortunately was not a member of this organization' was always trying to explain to the nonmedical officers that the chief difficulty in most patients was due to their 'oedipus conflict', it may have been tactless or tactically wrong, nevertheless the fact remains that the chief difficulty of most neurotics is based in the oedipus conflict.

OTTO FENICHEL

Suppositions about the 'Mechanism of Criminosis'. Edmund Bergler. *J. of Criminal Psychopathology*, V, 1943, pp. 215-246.

It is emphasized that in every criminal action a distinction should be made between two factors: (1) the variable, psychological, unconscious content, and (2) the constant pathognomic factor. The latter, which the author calls the 'mechanism of criminosis' is made the subject of this study.

The 'mechanism of orality' in neurosis is differentiated from that in 'criminosis'. It is stressed that in criminosis the mechanism is based on a reaction to an infantile desire to force the mother (or her representative) to acknowledge the child's readiness to take revenge (for oral denial). Masochism and an unconscious sense of guilt are mentioned as being of equal importance.

Nine colorful case histories of neurotics, who could be called potential criminals, serve as illustrations. The author points out that clinical knowledge of crime is still lacking and expresses pessimism as to the therapeutic possibilities. However, he does not fail to conclude that punishment is the reward which the criminal (unconsciously) sought, the dread of which is 'more necessary for the noncriminal as a recompense for his being a life-long good boy'.

CAREL VAN DER HEIDE

Raskolnikov, *The Study of a Criminal*. I. Atkins. *J. of Criminal Psychopathology*, V, 1943, pp. 255-281.

Atkins points out that Raskolnikov's crime was a result of the interplay between certain biological forces and the molding influences of environment and culture. He resents or refuses the various hypothetical evaluations of the abstract man and of human nature, but stresses the importance of each culture in producing specific patterns of behavior. 'Crime is a symptom of social disease and Czarist Russia deserved its Raskolnikovs just as today America deserves its gangsters.' The author emphasizes the importance of guilt feelings and particularly of unconscious guilt in relation to crime. Atkins also maintains that the 'great man' is only the symbolic representative of the social forces in which he lives. He concludes that society must modify or alter educational, environmental, economic conditions; the individual must acquire such understanding and self-knowledge as to learn the true personal and social significance of criminal behavior, and here again society must organize the necessary facilities.

RALPH R. GREENSON

Group Sex Conferences as a Diagnostic, Therapeutic and Pedagogic Method. Frank J. Curran, Bernard V. Strauss, B. Frank Vogel. *J. of Criminal Psychopathology*, V, 1943, pp. 289-303.

The authors introduced group conferences on sex as part of the ward routine on the Adolescent Ward of Bellevue Psychiatric Hospital. The number in a group was fixed at five and consist of a mental defective, an epileptic or psychotic, and three nonpsychotic and nondefective delinquents. The patients are carefully interviewed individually before the group is constituted. A verbatim excerpt of a typical group conference is presented which demonstrates the topics discussed, the use of popular terminology and the encouragement of the participants by the leader.

It seems that the conferences are first of all of diagnostic value. Information withheld in individual interviews may come out when the group loosens a delinquent's tongue. Difficulties in adjusting to the group may also be diagnostically significant.

Of more importance, however, are the therapeutic advantages. Misconceptions are corrected and the discussions have a cathartic effect; social awareness is stimulated. Of course, the direct therapeutic effect of the group conferences remains rather limited, but since the conferences are used as an adjunct to various other forms of therapy—drama and art technique described by Curran—the extent of the therapeutic possibilities can be evaluated only in conjunction with them.

EMANUEL WINDHOLZ

A Psychosocial Study of Primitive Conceptions of Death. F. S. Caprio. J. of Criminal Psychopathology, V, 1943, pp. 303-319.

Caprio believes that the psychopathology of civilization may be viewed as the result of man's desire for immortality and his failure to repress successfully an unconscious fear of death. He supports this hypothesis by a rather indiscriminate, journalistic listing of death customs through the ages, of the taboos related to the dead, of the attitudes toward suicide, and of the attitudes of some psychotic individuals toward death. Although the central thesis is not without interest, the paper is written in a jerky, headline style, and the argument is inadequately elaborated.

ROBERT COHEN

Freud's Early Childhood. Siegfried Bernfeld and Suzanne Cassirer-Bernfeld. Bulletin of the Menninger Clinic, VIII, 1944, pp. 107-115.

In the introduction to this very interesting and illuminating study the Bernfelds attempt to present Freud's memories and his own analysis of his early childhood, and do not attempt to psychoanalyze any further. They mainly use Freud's own references; the historical background for the various settings of Freud's early years is based on works of many authoritative historians. The authors carefully point out relevant factors referable to Freud's birth as well as to the geographical, political and economic constellation in the places in which he lived.

It is very striking how intricate and unusual was Freud's family set-up. Particularly significant is the fact that Freud's father was so much older than his mother and that he had a half-brother who was twenty years his senior. The disappearance of a beloved, but ugly and bitter nurse named Nancy and the birth, when Freud was two and one half years old, of a sister, seem to have been of major importance in his early development. At the age of three he started on a long journey to a new city, Leipzig, where he spent a year and then moved on to Vienna. Here political, economic and racial questions seem to have played a decisive rôle. It is to be stressed that the authors have very painstakingly gathered this information and have presented their material carefully and simply.

RALPH R. GREENSON

Military Psychiatry Number. Bulletin of the Menninger Clinic, VIII, 1944, No. 5.

This issue, devoted to military psychiatry, contains ten papers, each one written by an expert in a specific field. These papers cover the entire field of army and military psychiatry and, in a general way, show the policy and attitude of the chiefs of the various departments toward their respective fields of endeavor. All the articles are short, precise, and to the point. It is a valuable guide for the civilian psychiatrist in orienting himself and a valuable refresher for the military psychiatrist who may need pertinent data on military psychiatry in a compact form.

The subjects and their authors are as follows:

Administrative Aspects of Neuropsychiatry in the Army, by Col. William C. Menninger, M.C.

Psychiatry in Training Centers, by Lt. Col. Malcolm J. Farrell, M.C.

Neurology in the Army, by Lt. Col. William H. Everts, M.C.

Reconditioning of Neuropsychiatric Patients, by Lt. Col. Walter E. Barton, M.C.

Psychiatry in the Army Hospital, by Lt. Col. Norman Q. Brill, M.C.

The Clinical Psychologic Program of the Army, by Lt. Col. Morton A. Seidenfeld, A.G.D.

Neuropsychiatry in Armed Forces Induction Stations, Rehabilitation Centers, and Combat Divisions, by Maj. Ivan C. Berlien, M.C.

Morale and Preventive Psychiatry, by Capt. John W. Appel, M.C., and Capt. David W. Hilger, M.C.

Military Psychiatric Social Work, by Lt. Col. Malcolm J. Farrell, M.C., and Mrs. Elizabeth H. Ross.

Treatment Program for Psychiatric Patients in Station and General Hospitals.

RALPH R. GREENSON

Criteria for Therapy in Psychosomatic Disorders. Flanders Dunbar and Jacob Arlow. *Psychosomatic Med.*, VI, 1944, pp. 283-286.

A new system of classification of the subject matter of medicine based on psychosomatic concepts is needed—one which aims at describing the organism-environment continuum together with behavioral and somatic symptoms.

The deficiency and uselessness of a mere diagnosis of 'hypertension' or 'hypertensive heart disease' is quite obvious in the five female cases which are presented briefly, without mention of results or method of treatment. Though the basic psychological conflict—regarded as typical for hypertension—could be found in all, clinical differences were extreme and these can be explained by psychosomatic, dynamic principles.

In two cases without a family history of hypertension, the course was steadily progressive, the vasometer changes irreversible, ultimately leading to organic complications, while conflict was not acknowledged and thus anxiety or neurotic traits were absent. The prognosis was considered poor. Contrarily, two other women (with a bad family history of hypertension) presented a more prolonged course of disease, fluctuation of the blood pressure and definite attempts to

solve their emotional conflict with consequent psychoneurotic symptoms and responsiveness to psychotherapy.

The authors point to the apparent parallelism between 'degree of crystallization of physiological dysfunction in somatic damage and degree of crystallization of psychological defenses in characterological armor'. However, they suggest that the utilization of the psychological defense measures serves to reduce the amount of tension which is to be discharged in the form of automatic innervations. This is illustrated by their fifth case in which a marked change of adaptation to the conflict-situation was accompanied by concomitant transition to the irreversible, autonomically fixed stage of vascular hypertension.

CAREL VAN DER HEIDE

Some Psychological Aspects of Sexual Promiscuity. E. D. Wittkower and J. Cowan. *Psychosomatic Med.*, VI, 1944, pp. 287-294.

In differentiating between extramarital intercourse and promiscuity, the authors define extramarital intercourse as all types of sexual relationships outside of marriage, whereas promiscuity is restricted to transient sexual relationships which terminate after intercourse and includes prostitution.

The personalities of two hundred patients with venereal disease are compared with a control group of sixty-eight impetigo patients. All were soldiers in Great Britain. Each patient was interviewed for an hour and a half. In evaluating personality types the authors stress the fact that in the venereal disease group 59 per cent were emotionally immature, whereas in the control group only 19 per cent were immature. They conclude that venereal disease patients are not a random sample of the armed forces and that there are specific factors which make certain people acquire venereal disease: they were either indifferent to or discontented with the army and thus 83 per cent suffered from poor morale. In the control group 52 per cent had poor morale. Service maladaptation was present in 58 per cent of the venereal disease cases; they were also habitually unfaithful to their mates. By and large, the habitually promiscuous men were poor soldiers, disloyal, incompetent, and immature, although there were occasional men of high morale and efficiency. The authors state that habitual promiscuity is obviously related to an incapacity for deep attachment to any one woman, or to deficient amalgamation of affection and sexuality. They suggest various personal and social measures for the prevention of venereal disease.

The authors conclude that promiscuity, like alcoholism, is more a matter of morale than of morals.

JACOB KASANIN

Urinary Control and Enuresis. J. Louise Despert. *Psychosomatic Med.*, VI, 1944, pp. 294-307.

This paper concerns a study of the bladder control of some sixty children over a period of six years. It was found that the average age for achieving control during the day was 21.4 months and during the night 27.3 months. Inconsistency in training and neurotic attitudes of the person in charge of training

were significant and conducive to failure. Those who had difficulty in establishing control developed many other neurotic stigmata. In those children who were trained early there were manifestations of over-organization of the personality. The greater frequency of enuresis among boys was explained on the basis that boys have to go through two stages of training, namely, urinating while sitting down and then while standing up. After reviewing the literature Despert suggests that training be not initiated earlier than at eight months. Some superficial case material is presented and there is an extensive bibliography which is noteworthy for the few psychoanalytic references.

RALPH R. GREENSON

Psychoanalytic Orientation in Family Casework—Round Table 1942. Amer. J. of Orthopsychiatry, XIII, 1943, pp. 1-33.

After an introduction by Dr. Louis Schwartz, the chairman, Dr. Robert Waelder contributes a penetrating discussion of the similarities and differences between psychiatric casework and psychoanalytic therapy. He divides psychotherapies into three types: analytic, which presupposes a relatively intact ego and super-ego as well as the wish to change; environmental manipulation, which attempts to change the environment to fit the patient's needs; and 'taking sides', in which the therapist reinforces one pole of the patient's conflict. Casework he defines as a short term psychotherapy which tries to solve current problems by supportive and educational measures rather than by completely rehabilitating the personality. The prerequisites for successful casework are the same as those governing the choice of patients for analysis, with the difference that casework can influence character traits but not crystallized neurotic symptoms. Casework, however, has an advantage over analysis in that old age or constitutional bisexuality are not necessarily obstacles to success. The data of casework are the interview material obtained by asking relevant questions rather than by the more diffuse method of free association. Such material should permit the social worker to understand the analytic structure of the case in terms of the patient's main conflicts, his attempts to solve them, and his typical behavior patterns. The infantile origin of symptoms should be neglected because the necessary data are not usually made available by the casework method. The emphasis should be kept on the patient's current problem, on his history, on his expectations from life and from treatment, on his daydreams, on his relationships between his fantasies and reality, on the transference, and on the relationship between interviews. Casework is thus basically a nonanalytic therapy which is, however, guided by analytic insight. Dr. Waelder emphasizes that understanding on the part of the worker should always precede action. Taking sides in the patient's conflicts either with the id or with the superego helps only if the patient has already made up his mind about what he wants to do and only needs permission to carry out his intentions. The worker should always attempt to strengthen the patient's ego, to the end that he may have more self-control and greater inner honesty. The worker's attitude should be one of collaboration with the client, particularly with his mature ego as opposed to his immature tendencies. As much should always be expected of the patient as he can accomplish, neither more nor less.

Dr. William Healy, reporting on 'methods and results', emphasizes the therapeutic inaccessibility of strongly masochistic individuals. He feels that it is rarely wise for the caseworker to touch unconscious material. He also thinks that the worker can help to prepare parents for the developmental stages in the child's life.

Miss Charlotte Towle, the next discussant, emphasizes the fact that the function of the worker is always defined by the policy of the agency. She discusses the advantages of a personal analysis in terms of giving the worker greater knowledge of those impulses which may obscure her objectivity. The worker's psychoanalytic knowledge also determines her handling of the presenting problem in terms of the underlying conflicts. The worker should help her client to reach the best compromise solution of his difficulties. Several examples are quoted, showing how a skilful worker utilized a mother's defense against guilt to get her coöperation in placement plans that were beneficial to the child. Miss Towle thinks that the direct treatment of neurotic conflicts should be left to the psychiatrist until such time as social workers are trained for intensive therapy. In direct treatment, the worker generally finds the transference situation too difficult to handle.

The symposium continues with a contribution by Dr. George Mohr, showing the relation between direct treatment of the child and the activity of the caseworker. After emphasizing the importance of the mother's coöperation for the success of the child's treatment, Dr. Mohr defines the worker's function as dealing with the mother's emotional reactions to the child's therapy, thus preventing her from sabotaging it.

Dr. Martha MacDonald next warns against the fascination which analytic concepts may exert on the social worker and feels that her real function is public education, rather than direct therapy. She points out that errors frequently arise in casework because of a neurotic need on the worker's part to encourage the client's dependence.

Dr. Hyman Lippman, the last member of the symposium, states the bald fact that child guidance clinics are too rushed with work to spend time on the analysis of children. Also, many disturbed children do not need analysis but will do well if their aggressive defenses are encouraged and stabilized. Many symptoms in children are merely copied from their parents and thus do not represent the expression of conflicts within the child. The diagnosis of neurosis in a child is justified only if his whole personality is involved. Dr. Lippman feels that it is generally unwise to treat directly the neurosis of the parent. He favors an attempt to help the mother work out a plan which will satisfy the needs of her child. In some parenthetical remarks, he mentions that one sees little direct evidence of castration anxiety in clinic children, probably because it is so deeply repressed. Analytic techniques should be used, not to uncover unconscious material, but to 'locate and remove those factors which stimulate unconscious conflicts'.

Miss Madeline Moore closes the discussion by mentioning some of the ways in which her agency has used the services of a consulting analyst. Sometimes the analyst has been asked to do short time treatment on acutely disturbed cases, while at other times interviews with the analyst have been interspersed

in casework treatment. She emphasizes the need for more intensive training of caseworkers in analytic theory.

A. H. VANDER VEER

Psychodynamic Aspects of the Reading Problem. Emmy Sylvester and Mary S. Kunst. *Amer. J. of Orthopsychiatry*, XIII, 1943, pp. 69-76.

From a careful study of thirteen cases, the authors conclude that reading disabilities represent defenses against anxiety connected with the child's sexual curiosity. The anxieties met with are of three types: (1) fear of seduction because of inadequate mastery of excessive sexual stimulation; (2) fear of loss of love (where this has been threatened in connection with sexual curiosity; and (3) fear of the destructive implications of curiosity.

The particular defense which the patient uses is reflected in the type of his reading ability. A child who completely inhibits his sexual impulses will phobically avoid contact with all reading material. Another child, who has not surrendered his curiosity entirely, may show hesitations and pauses in his attempts to read. These represent efforts to dose the anxiety in bearable amounts. Still other children try counterphobic attempts at control, such as rushing through a reading assignment. The authors have found that one can often slow the reading in such cases by telling the patient the content of the lesson in advance. Of the thirteen cases reported, eleven were treated by the tutor, one by the psychiatrist, and one was transferred to the psychiatrist after a period of preliminary work with the tutor. Three excellent cases are quoted to illustrate the three types of anxiety discussed. The authors conclude that classical reading tutoring is not a causal therapy and probably owes its occasional successes to the fact that the tutor intuitively satisfies some of the emotional needs of the child.

A. H. VANDER VEER

Prognosis in Schizophrenia. Louis S. Chase and Samuel Silverman. *J. Nerv. and Ment. Disease*, XCVIII, 1943, pp. 464-474.

Among one hundred fifty schizophrenic patients who were treated with metrazol or insulin shock, those who were previously judged as having a favorable prognosis usually responded well to shock treatment, while patients with a poor or doubtful prognosis gained little or nothing. The various prognostic criteria are analyzed. Short duration of illness and absence of any process symptoms are the most important favorable factors. Other favorable criteria are the presence of manic-depressive features, acute beginning, clear-cut exogenous precipitating factors, a variation in the structure from that of previous psychotic episodes, prevalence of catatonic traits, pyknic body formation and extraverted character. Prepsychotic adjustment, age, sex, and family history are of lesser value as prognostic criteria.

JULIUS I. STEINFELD

Mediate Psychotherapy and the Acute Homosexual Panic (Kempf's Disease). Ben Karpman. *J. Nerv. and Ment. Disease*, XCVIII, 1943, pp. 493-506.

'Mediate psychotherapy' is presented as a small but useful addition to the psychotherapeutic armamentarium. When the patient is completely uncoöpera-

tive, though otherwise accessible, another member of the family in whom the patient has confidence, usually the marital partner, is chosen as the medium through whom the psychotherapy is done. It consists in obtaining as much material as possible from the patient by means of successive questionnaires. The partner is trained both to obtain and appreciate the meaning of this information. For illustration the case of a thirty-four-year-old man is cited who was treated through his wife while he suffered from an acute homosexual panic and depression.

The patient fought his conflicts with projections and paranoid delusions. He had a strong biparental fixation to an overexacting father and a querulous mother which left in him a conflict of suppressed resentment with extreme emotional dependence upon both parents. Divided affection and loyalty between mother and wife with concomitant impotence on the one hand, and feminine identification and homosexuality with severe superego reactions on the other hand, resulted in two parallel conflicts on both sides of his sexuality leading to the psychosis.

According to Karpman, an otherwise dominating wife, lending herself to mediate psychotherapy, made an understanding and loving mother (probably also father) who solved the patient's oedipus conflict without guilt.

The technique of mediate psychotherapy was employed by Freud in the case of Little Hans. In Karpman's use of it, however, it is more intimately conditioned by the structure and the circumstances of the case.

BERNHARD BERLINER

Iatrogenic Heart Disease: A Common Cardiac Neurosis. Alfred Auerback and P. A. Gliebe. *J. Amer. Med. Assn.*, CXXIX, 1945, pp 338-341

Iatrogenic is from the Greek *iatros* meaning doctor, and the diseases here discussed are produced by doctors. In making physical examinations the careless or ill considered remarks of doctors such as 'weak heart', 'high' or 'low' blood pressure, 'heart disease', 'enlarged heart', or less well-known medical terminology lead in many instances to prolonged invalidism in patients whose only illness is a psychoneurosis. Physical signs often responsible for mistaken diagnoses of cardiovascular disease are benign murmurs and arrhythmias, simple tachycardia and temporary elevation of blood pressure from the excitement (anxiety) of a medical examination. The readiness of physicians to diagnose heart disease on the basis of audible murmurs is responsible for many cases of cardiac neurosis. Case histories are given and discussed without reference to the unconscious or to the psychological mechanisms involved. Treatment recommended is limited to trying to convince the patient that his symptoms are not those of a physical disease but are due to emotional problems. He is urged to live a normal life despite his symptoms.

R. G.

Directive Psychotherapy: I. Reassurance. J. S. Andrews. *J. of Clinical Psychology*, I, 1945, pp. 52-66.

This paper is the first in a contemplated series on 'directive psychotherapy'. The use of the word 'directive' immediately contrasts the position of the writer to that of Rogers, or for that matter to psychoanalysis.

The technique of reassurance is briefly described—with short examples from case records—and its uses and contraindications stated. Distinctions are made between factual reassurance and effective reassurance. The former represents a semi-authoritative (prestige endowed) presentation of information; the latter is not so much defined as it is portrayed. The author would include under affective reassurance all the many un verbalized attitudes and actions with which the skilful therapist impregnates his meetings with 'clients'. Reassurance is believed to be particularly effective with mentally retarded persons and young children. It is contraindicated where persons are seeking approval for evading responsibility for undefensible activities. The article would have profited from a more rigorous presentation of definitions and more clearly contrasting points of differing technique.

J. E. BIRREN

The Awareness of Self and the Structure of the Ego. Isidor Chein. *Psychological Review*, LI, 1944, pp. 304-314.

An address of Professor Allport stimulated the author to consider the various aspects of the ego. The point of departure of his discussion is a statement of Allport's eight principal conceptions of the ego: (1) as a knower, (2) as an object of knowledge, (3) as primordial selfishness, (4) as dominator, (5) as a passive organizer and rationalizer, (6) as a fighter for end, (7) as one segregated behavioral system among others, (8) as a subjective patterning of cultural values.

Distinctions are pointed out between awareness of self and awareness of the body: the object of awareness is considered as the body, while the content is regarded as the awareness of the self. According to Chein the failure to distinguish between awareness of body and self has resulted in confusion. The ego is portrayed as a system of motives centered about awareness of the self. Allport's main conceptions of the ego are each briefly considered in terms of these distinctions. The discussion purports to show the validity of the definition of the ego as a 'motivational-cognitive structure built up around the self'. Such a definition is believed to satisfy the experimental and clinical evidence of, perhaps, a single entity operating in a variety of ways, i.e., the ego.

J. E. BIRREN

Neuroses in Native African Troops. L. A. Nichols. *J. of Mental Science*, XC, 1944, pp. 862-868.

Nichols presents a short description of Basuto tribal structure and custom, emphasizing their magical beliefs and practices. There follows short discussions of nine cases of hysterical and phobic states in soldiers recruited from this tribe, with some reference to the relationship of elements in their symptoms to their primitive beliefs and customs.

ELI MARCOVITZ

Patologia General y Psiquismo (General Pathology and the Mind). E. Eduardo Krapf. Rev. de la Univ. de Buenos Aires (Tercera Epoca), III, October 1944, p. 65.

Krapf deals with the psychological implications of medicine from the point of view of 'personalistic psychology'. After preliminary considerations concerning the impossibility of studying mental and somatic processes separately, he examines in some detail the social aspect of physical disease and the mental conflicts aroused by being sick. He discusses the influence of emotions on physical functions and shows that neurotic conflicts express themselves in functional disorders and structural alterations. Finally he quotes the principal findings of psychosomatic research in hypertension, asthma, gastric ulcer and accident habit.

ANGEL GARMA

NOTES

WAR DEPARTMENT TECHNICAL BULLETIN, MEDICAL, 203 is revised Nomenclature and Method of Recording Diagnoses, dated 19 October 1945, and recently released.

The section which defines and classifies Psychiatric Disorders and Reactions merits the most careful attention of psychiatrists because, apart from its incidental adaptations to military usage, it is the best psychiatric nosology that has been so far devised.

Under the direction of Brigadier General William C. Menninger, leading military and civilian psychiatrists were consulted, and after extensive study during 1944 and 1945 the revised nomenclature was adopted.

It is especially noteworthy that this descriptive classification does not begin with the traditional 'organic' diagnoses which has betrayed the bias and orientation of all previous classifications.

That many of the terms and concepts used will arouse criticism and objection is unavoidable.

The etymologically absurd 'hysteria' has by accretion become endowed with protean false popular and scientific significances until—except in psychoanalysis where it is a clearly defined entity—it has become a term of opprobrium. That the widely differing symptoms of hysteria are sundry symptomatic expressions of one type of infantile neurosis does not detract from the nosological and educational value at the present time of differentiating *Dissociative reaction*, *Phobic reaction*, *Conversion reaction* (synonymous with conversion hysteria) and *Somatization reactions* ('used in preference to "psychomatic reactions", since the latter term refers to a point of view on the discipline of medicine as a whole rather than to certain specified conditions')—although separating the last two seems rather arbitrary and unnecessary.

If one knows that military psychiatric nomenclature in this country included such quaint and unqualified 'diagnoses' as *Dementia pugilistica* and *Masturbation* until a little more than a year ago, what a tremendous advance TB MED 203 has made may be judged from a complete sample.

(1) *Neurotic depressive reaction*. The anxiety in this reaction is allayed and hence partially relieved by self-depreciation through mental mechanism of introjection. The reaction is often associated with the feeling of guilt for past failures or deeds. This reaction is a nonpsychotic response precipitated by a current situation—frequently some loss sustained by the patient—although dynamically the depression is usually related to a repressed (unconscious) aggression. The degree of the reaction in such cases is dependent upon the intensity of the patient's ambivalent feeling towards his loss (love, possessions, etc.), as well as upon the realistic circumstances of the loss.

The term is synonymous with 'Reactive depression'. This reaction must be differentiated from the corresponding psychotic response.

To wish that *Inadequate personality*, *Antisocial* and *Asocial personalities*, *Sexual deviate*, *Immaturity reactions* (*Emotional instability*[?], *Passive-dependency*, *Aggression*, etc.) had been made subheadings of *Psychoneurotic disorders* rather than special, presumably unmotivated, *Character and behavior disorders* would be to wish for too much. It is more realistic to be grateful that 'Simple adult maladjustment' and 'Constitutional psychopathic state' are mercifully scrapped.

At this time when psychopathology is temporarily eclipsed by enthusiasm for shock therapies, frontal lobotomies, electroencephalographs, and inkblot and other tests are being substituted for clinical appraisal and judgment, the adoption by the army of this nomenclature and definitions of psychiatric disorders based in large part on 'the dynamics of the psychopathology' is a hopeful corrective.

At the meeting of the TOPEKA PSYCHOANALYTIC SOCIETY in February 1946, the topics of the two papers read by Dr. Rudolph M. Loewenstein were: *Technique of Handling Regressive Phenomena in Psychoanalysis*, and *Anti-Semitism*. Dr. Robert P. Knight was the discussant of the first paper and Dr. Karl Menninger of the second.

The Faculty of Medicine of Columbia University has issued its bulletin of THE PSYCHOANALYTIC CLINIC FOR TRAINING AND RESEARCH for 1946-1947. The Clinic, established in the Department of Psychiatry of Columbia University in January, 1945, has the objectives: 1. Graduate residency training for qualified physicians in psychoanalysis and in the psychodynamic (behavior) aspect of the various branches of medicine (psychosomatics); 2. Research in the fields of psychoanalysis and the psychodynamic (behavior) aspect of the various branches of medicine (psychosomatics).

For the purpose of training and research, and also to serve the needs of the community, the Clinic maintains four interrelated therapeutic services: (a) a psychoanalytic service for in-patients; (b) a psychoanalytic service for out-patients; (c) a psychosomatic service; and (d) a psychoanalytic service for children. These services are located at the New York State Psychiatric Institute and Hospital, the Vanderbilt Clinic, and Babies Hospital at the Columbia-Presbyterian Medical Center.

The Psychoanalytic Clinic for Training and Research now offers to qualified physicians a three-year course of graduate residency training in psychoanalytic medicine. This course is based on complete training in psychoanalysis, includes psychosomatics, and is combined with graduate training in the other branches of psychiatry. Upon fulfillment of the training requirements, students will be awarded a Certificate of Training in Psychoanalytic Medicine. Those students who, in addition, undertake satisfactory investigative work and pass a supplementary examination in the related basic sciences may also be awarded the advanced degree of Doctor of Medical Science. The next first-year class begins October 1, 1946.

The Clinic is under the supervision of Dr. Nolan D. C. Lewis, Executive Officer of the Department of Psychiatry, and Director of the New York State Psychiatric Institute and Hospital.

The annual meeting of the AMERICAN SOCIETY FOR RESEARCH IN PSYCHOSOMATIC PROBLEMS was held at the Hotel Pennsylvania, New York City, May 11, 1946. The morning session was given to Contributions of Military Medicine to Psychosomatic Medicine, and an afternoon meeting to Psychosomatic Aspects of Orthopedic Practice. At the annual dinner, Dr. Bertram D. Lewin presented New Advances in Psychosomatic Investigative Techniques (an illustrated parody).

The NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC., offers fellowships for training in child guidance clinic psychiatry. The training is for positions in community clinics where psychiatrists, psychologists, social workers and others collaborate in the treatment of children suffering from emotional or mental illness. Some of the fellowships are for two years; some for one. The stipend is \$2600-\$3000 for the first year, and more for the second. Prerequisites are graduation from an approved medical school, a general internship and two years of general psychiatry. Military psychiatry will be accepted for at least a part of the two years. For further information write to Dr. Milton E. Kirkpatrick, Director, Division on Community Clinics, The National Committee for Mental Hygiene, Inc., 1790 Broadway, New York 19, N. Y.

The Washington Letter dated March 11, 1946, in the J.A.M.A. contains an item with the heading: LACK OF PSYCHIATRISTS CALLED 'FRIGHTENING'. 'Captain Francis Braceland, head of the Navy's neuropsychiatric division, informed the Senate subcommittee considering the Pepper bill, which would set up and finance a National Neuropsychiatric Institute in Washington, that "a considerable block of America's civil population does not enjoy mental health". Leading army and civilian psychiatrists testified that there is a "frightening" lack of trained psychiatrists everywhere. Surgeon General Thomas Parran of the U. S. Public Health Service also testified in support of the bill. Dr. Lawrence Kubie, consultant to the Office of Scientific Research and Development, opposed the Pepper measure because he said it is inadequate, "like shooting at rocket bombs with a peashooter".'

Announcement has been made of the new QUARTERLY REVIEW OF PSYCHIATRY AND NEUROLOGY, with Winfred Overholser, M.D., as Editor-in-Chief, a publication of the Washington Institute of Medicine, 1720 M Street, N.W., Washington 6, D. C.

A joint statement on SERVICES FOR UNMARRIED MOTHERS AND THEIR CHILDREN¹ has been prepared by the Children's Bureau of the United States Department of Labor, the Bureau of Public Assistance of the Social Security Board, and the American Red Cross, three agencies concerned with health and welfare programs reaching all States and their local jurisdictions. The purpose of the material is to encourage further coördinated planning by States and local communities for fullest use of all services and facilities and to stimulate provision of needed resources.

¹ U. S. Department of Labor, Children's Bureau, Washington 25, D. C. For sale by the Superintendent of Documents, Washington, D. C. Price 10 cents.

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